



The Red Rover

The Navy's first commissioned hospital ship

Vol. 5 No. 1

Naval Hospital Oakland, California

January 22, 1993

Captain Maria K. Carroll

Retires after 30 years

by mike meines

Whenever a key person in an organization departs for any reason, it has a long lasting effect on every individual in that organization. The personality of the unit changes. That's not to say it changes for the good or bad... it just changes.

"I came aboard Naval Hospital Oakland in June 1990...and I was pretty much resigned to the fact that I would spend my entire career without experiencing sea service. In August 1990, we deployed."

Captain M. Carroll

Naval Hospital Oakland is on the threshold of losing one of those key persons. CAPT Maria K. Carroll has been our Director of Nursing Services since January, 1990. At the end of this month, she will retire after a career of thirty years.

If you have ever stepped into CAPT Carroll's office, her career is represented by numerous awards, posters and plaques. Very prominent is one that proclaims Carroll as an Honorary Navy Chief Petty

Officer. A rectangular embroidered plaque simply says "Nurses touch lives with kindness." One depicts two legs crossed and carries the message, "Lest we forget, the white shoe Navy supports the fleet." There are several others that chronicle a career that has brought this individual to the very peak of her profession.

When Carroll was five years old, she knew that she wanted to be a nurse. Her older brothers, Jack and Bill, were career Naval officers. She was sixteen when Jack got married and his new spouse was also in the Navy... a navy nurse. Her career course was in front of her; she would be a nurse just as she planned, only she would do it in the Navy. So, in January 1963, 30 years ago, Carroll joined the Navy.

This highly professional Navy nurse does not hesitate when questioned about her most rewarding assignment.

"Without a doubt, my deployment aboard the hospital ship, the USNS Mercy during Operation Desert Shield and Operation Desert Storm."

"I came aboard Naval Hospital Oakland in June 1990," she remembers with a smile, "and I was pretty much resigned to the fact that I would spend my entire career without experiencing sea service. In August 1990, we deployed."

She also remembers fondly her tour in Rota, Spain.

She lists as one of her favorite memories, the time she flew from Jacksonville, Fla. to Buenos Aires, Argentina with her brother, a Navy aviator, in 1965.

"He was flying back and forth



Captain Maria K. Carroll.

(Official U.S. Navy photo)

from the states to Buenos Aires," she recalls fondly, "and I had the opportunity to accompany him. At the time, the aircraft was driven by propeller, not jets. The flight took five days, ten hours a day. As older brothers will do, Jack told me that there were no restroom facilities. So, for five days, I prayed for lunch stops and the end of the flight day. At the end of the trip, he flippantly told me that the facilities were in the back. Typical big brother stuff."

At one point, the adventure-

some care giver thought that landing on the deck of a carrier would be the ultimate in her Navy experience but she has no regrets... especially given her tour on the Mercy.

Since she has reached the pinnacle in Navy nursing, it doesn't play a big part in her retirement plans. Activities that previously were considered hobbies, like playing the piano and belonging to the Preservation Society, will come before nursing.

She plans to make Newport, RI

her retirement home.

"It's almost exactly between my brother Jack in Andover, Mass., and my brother Bill in New York," she explains. "It's a small city with big city perks."

Although she already owns a home in Newport, she is going to build her retirement home utilizing all of the knowledge she has accrued by changing residences every three years.

She says that when you don't plan on being in the same house for over three years, you accept things that you normally wouldn't. So, she is going to design a home with her favorite kitchen, her favorite living room, etc.

She was asked what she would say if she could gather every person assigned to Naval Hospital Oakland and address them on the occasion of her retirement. Her reply was decisive and quick, and tells a lot about this special woman.

"Thank you and I love you."

While CAPT Carroll was on the phone, counseling and cajoling a friend, I glanced up and saw a plaque on her office wall that sums up this article and sends CAPT Maria Carroll into the next phase of her life:

Let me dedicate my life today to the care of those who come my way. Let me touch each one with healing hand and the gentle art for which I stand. And then tonight when day is done, O let me rest in peace if I helped just one.

A letter from Somalia

The following letter was received in the Public Affairs Office addressed to Naval Hospital Oakland. I feel that it is something that we can share and get a general idea of what is happening to our 15 staff members who have deployed to Somalia. HM3 Silvey states in his letter that he will write again. If he does, it will appear in the Red Rover in a future issue. (MGM)

Michael G. Meines
Public Affairs Officer
Naval Hospital Oakland
8750 Mountain Blvd.
Oakland, CA 94578-5000

28 Dec 1992

Michael, sitting here in my tent, I remembered you asking me to

write and relate my experiences.

Well, first I'll begin with the journey. We left March AFB, Calif. and flew to JFK in New York. We had a two-hour layover Christmas Eve. They closed off a section of the airport and we sat and sat. Then we left for Shannon, Ireland. We arrived at 7:00 a.m., their time, Christmas morning. We had some fun there, but left after one hour. Then to Cairo, Egypt. We weren't allowed to depart the craft. We finally got to Somalia 26 hours later. From the plane, the coast looked beautiful. However, the blue waters of the Indian Ocean are shark infested. We soon gathered our company, got out our gear and ammo and got on some 5-tons. As we rode through the city, some Somalia's smiled, waived,

cheered and yelled "Love Americans." Others threw rocks and fired guns in the air. It was scary. We soon set up our tents at the same camp as Alpha Co. Soon we will depart for Baidoa. An advanced party of Bravo Co. has left to secure the area with the Marines.

It is very hot and humid. Sand is everywhere. We are allowed to take showers one day a week. We still eat Meals-Ready-to-Eat (MRE's). Twenty yards from our tent, Somali's often wander around and occasionally try to challenge the Marines guarding the opening.

A lot of people volunteered for this duty. I know when it is all over, I'll be glad I came. But it is hard. Some of the Somalis are so happy we are here and I feel good. I feel lucky. I know

back home I have a safe and secure home. I can always have the little things like food and clean water. The things I miss most are my bed and a nice shower.

Some Somalis, and I would guess the majority, do not approve of a central government. They are mostly nomads. I don't feel a real government will ever be successful here, now or at least the next ten years. Well the other O. R. techs that came, HM3 Mucica, HM3 Smith and the O. R. Nurse, LT Trahan, are fine. Both Smith and Mucica are in my company but LT Trahan is in Alpha. Well, I will write again when we get to Baidoa.

This is really weird, but there is not even a TV station in this country! This place is a lot different than it is shown on TV. TV is much too kind.

Sincerely,

HM3 Tim Silvey
1st Med BN
1st FSSG
Attn: Bravo Co. Det.
UIC 42318 Box 86
FPO AP 96610-0086

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Oak Knoll Viewpoint

What's the best thing that happened to you in 1992?

Official U.S. Navy photos by MM2 John Dziki

CDR Nancy Lindstrom
Course Director for
ORT School

I was promoted to commander and several of my people received high awards.



HM2 (SW) Phil Davernheim
PMT Instructor

I was selected NSHS Detachment Sailor of the Year.



HMC (AW) Terry Lerma
X-Ray Instructor NSHS Detachment

I got selected as NSHS Detachment Instructor of the Year.



HM1 Clarissa Martinelli
PMT Instructor

After three girls I finally had a boy.

Cheryl A. Bernardo
Secretary at NSHS

I moved into my new apartment after my old one burnt down.



From the XO

In February we will observe Black History Month, and this is an ideal time to pay tribute to the eminent African Americans who left an indelible mark on our American society—statesmen, scientists, inventors, educators, physicians, poets—whose names are recorded in American history, but whose ethnic heritage is not always recognized. Additionally, when they are recognized as African Americans, some of their accomplishments are not widely known.

For example, we've all heard of Harriet Tubman and read of her heroic efforts in behalf of the "Underground Railroad." In history classes, we've learned that Frederick Douglass is probably the foremost voice in the abolitionist movement. But what do we know of Harriet Tubman and Frederick

Douglass, the woman and the man? Do we know that, during the Civil War, Harriet Tubman served as a nurse, soldier, spy and scout, yet she spent the last years of her life in poverty or that Frederick Douglass assisted President Lincoln in recruiting the celebrated 54th and 55th Massachusetts Negro regiments; that, in 1871, he was appointed to the territorial legislature of the District of Columbia and that, in 1872, he served as one of the presidential electors-at-large for New York?

But that was the 19th Century, when African Americans were still struggling to achieve full equality, even though it was guaranteed to them under the Constitution of the United States. Thanks to Dr. Martin Luther King, Jr.'s unrelenting campaign for freedom for all



CAPT Noel A. Hyde
(Official U.S. Navy photo)

Americans, today, many more Black Americans are recognized for their accomplishments. We still know little of their achievements before the Emancipation, but we do know, for example, that between 1871 and 1900, patents were issued to some 230 Black Americans who invented items that are now taken for granted in our daily lives—such items as the locomotive

smokestack, rotary engine, lawnmower and attachments, air conditioning unit, photographic print wash, two-cycle gasoline engine, thermostat and temperature control system...the list goes on.

During last year's Black History Month's observance at Naval Hospital Oakland, our staff learned about Mary McLeod Bethune, a major Black historical figure in the Roosevelt Administration, who left a legacy of a lifelong career dedicated to young African Americans. We heard a stirring poem by Langston Hughes, a major 20th Century American writer, song lyricist, librettist and newspaper columnist. We acknowledged the achievements of African American astronauts, U.S. Air Force Colonels Gregory, Bluford and Bolden.

I'd like to add my own entries to this pantheon and commend two American medical figures who served their country quietly and efficiently. The first is Dr. Ulysses Grant Dailey, a surgeon who is well known in medical circles for

his outstanding achievements in anatomy and surgery. The other is Dr. Charles Drew, a blood plasma researcher. Dr. Drew developed the preserving technique for blood transfusion, and his advanced research in the field of blood plasma helped save thousands of lives during World War II. He was appointed director of the American Red Cross blood donor project during the war, and later served as chief surgeon of Freedmen's Hospital in Washington, D.C.

There are countless other personalities...some of whom are, right now, making history: General Colin Powell, our Chairman of the Joint Chiefs of Staff; our first Black woman senator from Illinois, The Honorable Carol Moseley-Braun; our first Black woman U.S. Surgeon General, Dr. Joycelyn Elders—all making significant contributions, setting examples for all of us. During February, let us make it a priority to learn more about all of these great historical figures and add our own names to such an august list.

NHO 1993 first babies

The first day of 1993 was a busy day in Naval Hospital Oakland's Maternity Ward. Anthony Herring, Jr. was born at 12:20 a.m. and, after a pause of some three hours, three little girls saw the first light of day—Cortney Reid at 3:30 a.m., followed by twins: Semantha Nicole Jerue at 3:55 and Kirsten Renee Jerue at 4:16 a.m. The births are recapitulated below together with the parents' identity.

1. Anthony Herring, Jr.,
born at 12:20 a.m.
Mother: EM3 Taraiza Bennett
(electrician's mate)
Stationed, SIMA San Francisco
NAS Alameda
Father: OS3 Anthony Herring (operations specialist)
USS Samuel Gumpers

2. Cortney Reid,
born at 3:30 a.m. Mother: Sheila Reid
Father: DC1 Royce Reid,
Naval Station Treasure Island Damage Control

3. Set of twins:
a. Semantha Nicole Jerue,
born at 3:55 a.m.
Mother: Tonya Jerue
Father: ET3 Jimmy Jerue,
Ship Intermediate Maintenance Activity (electronics technician), Alameda Naval Air Station

Red Rover

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140 nations observe King holiday

By Rudi Williams
American Forces Information Service

Since Martin Luther King Jr. Day was first observed on Jan. 20, 1986, it has evolved into an international observance of his birth in more than 140 countries.

In November, Arizonians voted to make their state the 49th to join the holiday observance. Legislators in New Hampshire, the only holdout, created a civil rights day instead of a King holiday, said Alan Minton of the King Holiday Commission in Atlanta.

The third Monday in January is the federal holiday observing the slain civil rights leader's birth. Born on Jan. 15, 1929, King was assassinated at Memphis, Tenn., on April 4, 1968.

"King Week '93" will run Jan. 9 - 18 in Atlanta, King's birthplace. Minton said. 1993 is also the 25th anniversary of the King Center and King's Poor People's Campaign and the 30th anniversary of his Birmingham (Ala.) campaign against discrimination. "Nov. 2, 1993, will be the 10th anniversary of the creation of the Martin Luther King Jr. holiday—that's the date the president signed the bill creating the holiday," Minton noted.

Events will commemorate the 30th anniversary of the March on

Washington and King's "I have a Dream" speech.

Each year, the King Center and the commission have different holiday themes. This year, the commission's theme is: "Living the Dream, Let Freedom Ring: Building Bridges of Understanding."

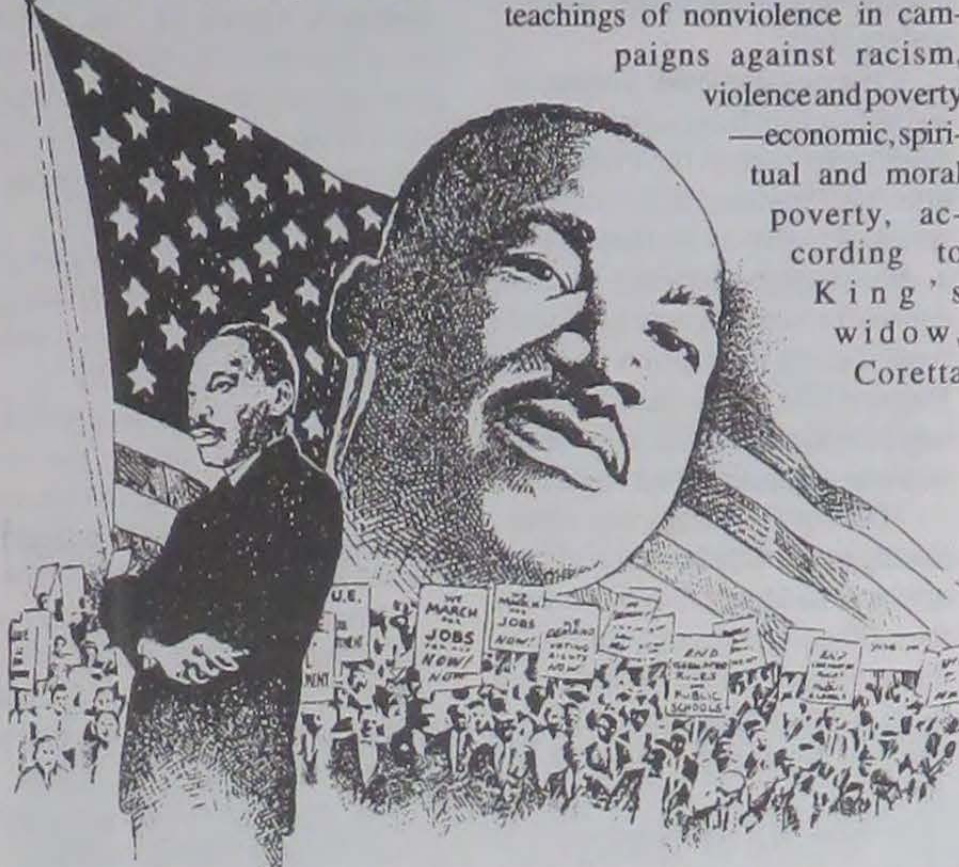
The King Center's theme is: "Where Do We Go From Here? Nonviolence: Learning It, Living It, Teaching It."

In explaining the difference, Minton said the commission's focus is completely different from the King Center's. "The Center is involved in nonviolent conflict resolution, whereas the commission is more about institutionalizing the King holiday," he said.

"It shouldn't be a day where everybody stays home from work and does nothing," Minton said. "We'd like for it to be a day where people get together with family, friends and acquaintances to do something to better their communities in honor of Dr. King."

Last year, only 17 percent of employers closed their doors and paid their employees for the King holiday, according to a Bureau of National Affairs survey. King Day, Veterans Day and Columbus Day are the holidays most ignored, the survey noted. The Fourth of July, Christmas and New Year's are the most celebrated holidays.

"Unfortunately," Minton continued, "the business community doesn't observe the holiday at the same rate as government agencies do. But we're getting a great



response from our request for the corporate world to encourage their employees to participate in such things as soup kitchens, the plight of the homeless, programs dealing with racism and other community projects. This way, the business can become more responsible for the well-being of their communities. It also gives them a chance to put something back into the community."

The purpose of the birthday observance program is to commemorate the achievements of a great American leader and to help create a national commitment to applying his teachings of nonviolence in campaigns against racism, violence and poverty—economic, spiritual and moral poverty, according to King's widow, Coretta

Scott King. She is founding president and chief executive officer of the Martin Luther King Jr. Center for Nonviolent Social Change, Inc., in Atlanta.

Our mission is to educate and inspire people, especially young people, to embrace Dr. King's values of nonviolence so they will be empowered to struggle for economic security and peace with justice," she said.

Myriad conferences, seminars, forums and entertainment programs are held in Atlanta each year to promote better understanding and respect between groups forming America's melting pot of humanity.

For example, King Week '93 will feature a social responsibility seminar, American Indian forum, public interest hearings and various tributes and celebrations. Also scheduled are a presidential proclamation ceremony, state of Georgia tribute to King, a national parade, national march of celebration, a federal employee tribute in Washington, a State Department reception honoring King and other events. A symposium will bring together students, teachers, parents, law enforcement officials and community leaders to deal with problems of violence in the schools, neighborhoods, homes and community.

World-class athletes participate in a three-day Selma, Ala., to Atlanta relay to dramatize the 1965 protest against voting discrimination. Athletes travel the route protesters took from Selma to the Alabama state capital at Montgomery. From there, they trek to Birmingham and to King's birthplace in Atlanta, where he returned to the fight for civil rights for all people.

"Behold, Freedom" A tribute to Martin Luther King, Jr.

by Chaplain Anne M. Krekelberg

The writer of the Book of Isaiah in the Old Testament proclaims in chapter 61: "The sovereign Lord has filled me with

his spirit. He has chosen me and sent me to bring good news to the poor, to heal the brokenhearted, to announce release to the captives and freedom to those in prison. He has sent me to proclaim that the time has come when the Lord will save

his people and defeat their enemies"

Throughout history, God has raised up prophets to proclaim freedom to oppressed people—Moses, Elijah, Elisha, John the Baptist. What is it that makes freedom so valued? The voices still cry for freedom today. We hear them in Bosnia, in China, in South Africa, in Haiti, in Cambodia...and we hear those same voices here in America, land of the free. It is a global litany—a choir of a billion voices crying "Freedom! Freedom!"

Even in our "modern" age, God still raises prophets to be his voice among the oppressed. This week we celebrate one such person, Dr. Martin Luther King, Jr. His was, and continues to

be, a message of freedom—a message which brings hope for our future as human beings.

We, as humans, value freedom more than any other quality of life because it allows us to be complete persons. Without freedom, we live our lives inhibited by poverty, by tyrants, by ideologies, by bigotry.

A message of freedom introduces change into our lives in accordance with God's will and purpose, both internally, as spiritual change, and externally, as social and political change.

A message of freedom always points to God as our ultimate source of life and breath. That which a prophet proclaims does not point to him or herself, but to God. A true message of freedom will bring glory and

honor to the One who is the author of freedom, not to the one who proclaims it.

Dr. King was such a prophet. His message was one that pierces the hearts of all people. He reminds us that oppression occurs on a global scale because it occurs right here in abusive households, in impoverished neighborhoods, in communities just like Oakland. His message is one that reminds us that we have been given the gift of freedom by God, and therefore it is our responsibility to use that freedom wisely, to carry it forward, to assure that all people, of all times, have that same freedom which is ours to claim.

We are the messengers of freedom. You can't keep freedom down...you can't keep freedom down.

Religious Services

Catholic Mass	Mon-Fri	Noon
	Sunday	8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

A celebration of Martin Luther King, Jr.'s birthday

Since Nov. 2, 1983, the United States has observed a national holiday to recognize Dr. Martin Luther King, Jr. As our other holidays, this should be considered a celebration. We celebrate the man, his commitment, his values that he never compromised, his compassion and his strength.

In these turbulent political times, our thoughts are certainly with our shipmates who are providing humanitarian aid in Somalia and those who are patrolling the seas to insure world peace. The legacy of Dr. King can be helpful in these troubled times. We can reflect on just what he accomplished—the overwhelming odds against his fight for our basic freedoms.

Let's remember that what Dr. King wanted was, ironically, guaranteed to all of us in the Constitution of the United

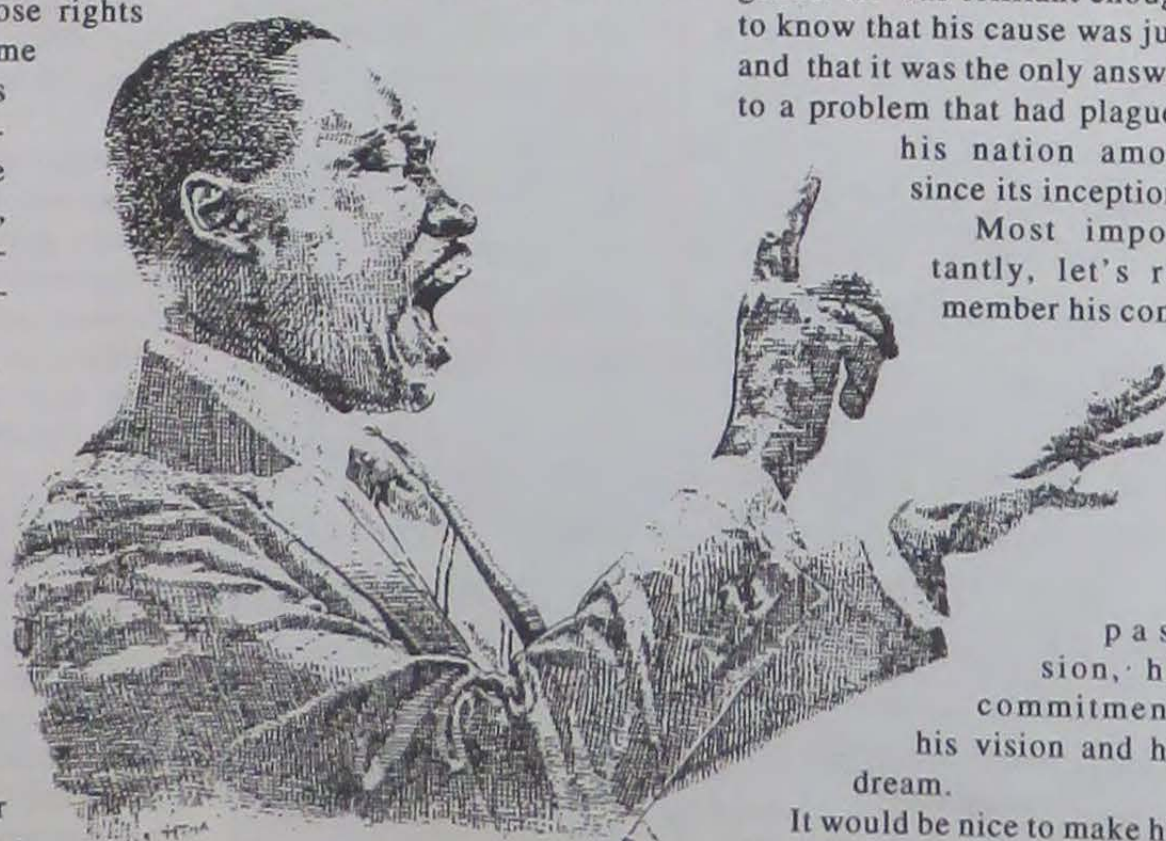
States. No more. No less.

Let's remember what he endured to win those rights when, at the same time, he was preaching peaceful solutions. He was imprisoned, stabbed and, ultimately, assassinated.

Let's remember that he was not elected or appointed. He was just the son of a Baptist minister from humble beginnings.

Let's remember his courage. He never shied away from a confrontation, yet he never raised his hand in anger.

Let's remember his purpose. He was not seeking public office, he was not pursuing personal success.



Let's remember his intelligence. He was brilliant enough to know that his cause was just and that it was the only answer to a problem that had plagued his nation almost since its inception.

Most importantly, let's remember his com-

passion, his commitment, his vision and his dream.

It would be nice to make his dream a reality. However, the recent riots in Los Angeles scream the fact that we have a

long way to go. The dream was not grandiose. It was extremely difficult, yet amazingly simple. We can make the dream a reality. Yes, you and me. We can do it by living our lives as Dr. King meant us to.

We can make it a personal goal by taking off the blinders, shedding the ignorance of our forefathers and using common sense. Take a look around you. People are people, the only real difference being the anatomy between males and females. Otherwise, we're all the same, even if our skins are of a different color. We all require food, water and sleep. We also require a dash of love, acceptance and compassion.

Martin Luther King, Jr. is a true hero to me. He gave me strength during a very troubling time in my life, and I am grateful. Happy birthday, Dr. King, and thank you. (MGM).

Admiral Kelly discusses change

by JO3 Giles Gilbers
Pacific Fleet Public Affairs

The Commander in Chief of the Pacific Fleet says that the character of the military is changing and that the military services will become more involved in humanitarian operations like the current one in Somalia.

ADM Robert J. Kelly says the one thing we know in this period of uncertainty is that the Navy is going to change substantially.

Manage

In a recent all-hands meeting with his staff at his Pearl Harbor, Hawaii headquarters, ADM Kelly said that the big issue for Navy leadership is how to manage that change.

"We're sitting here in the Pacific Fleet trying to steer the fleet into the future, but we don't know what course to set right now. So we're bounding the potential outcomes to make sure we're positioned to land on our feet when the dust settles," ADM Kelly stated.

The four-star admiral, who has

commanded the fleet for nearly two years, told his staff that they and other members of the Pacific Fleet are all part of managing this change which the entire Navy is undergoing.

Citing examples of humanitarian actions in Bangladesh after a deadly typhoon; in the Philippines after Mt. Pinatubo; in Guam after a series of typhoons; in Hawaii after a devastating hurricane and, of course, in Somalia now to provide food during Operation Provide Hope, ADM Kelly said the military is being called upon more and more as a humanitarian force.

"One of the things that's happening to us, whether we realize it or not, is suddenly the character of the military is changing. And we're going to get involved more and more in humanitarian operations. That's a big change," he said.

Smaller Navy

ADM Kelly contended that the future Navy will be smaller. "The trick," he said, "will be to keep that smaller force a prepared capable force....a force which we can send to sea and train and prepare to do

whatever it is called upon to do."

From the Sea

"...From the Sea," a document informally known as "the white paper," was used by ADM Kelly to illustrate how the Navy and Marine Corps team is changing its direction in accordance with a rapidly changing world.

"We didn't feel it was recognized that the Navy was adjusting to the new world order and was changing," said ADM Kelly.

The answer to that perception, ADM Kelly said, was to put together a story that discussed where the Navy and Marine Corps were headed operationally in the future.

"It was written to represent a sea change," ADM Kelly said. "What I mean by that, is a total change of direction for the Navy and Marine Corps."

The strategy outlined in the document was developed in response to the challenges of today's world. With the end of the Cold War, it shifts the focus from a global threat to a focus on regional challenges and opportunities and concentrates on warfare near



land and maneuver from the sea.

The new direction is structured to provide the nation with naval expeditionary forces operating forward from the sea, shaped for joint operations and tailored for national needs.

The new strategy is a fundamental shift from open-ocean warfighting on the sea toward joint operations optimized for the littoral regions. Naval forces will respond to global crises and provide initial capability for joint operations in conflict.

Subic Bay

Another significant change ADM Kelly discussed was the closing in November of Subic Bay and Cubi Point in the Philippines.

ADM Kelly said even though the Philippines was a key installation for us in the Pacific, our withdrawal from there does not mean we are reducing our presence in the Western Pacific region.

"In fact, what this (the withdrawal) has done for us is open the door for us in other places which had not been open to us previously" contended the Admiral.

ADM Kelly pointed out that a flag officer is now assigned to Singapore to handle logistics for the Seventh Fleet. Some ship repair work will be done there as well. He also said ships are now going into Malaysia for repair work and it appears Indonesia may open to us.

"Many of the countries which were very comfortable with our position in the region have now come out and said they will give us access. So we have been able to increase our access to other areas and therefore increase the potential for greater influence in the region."

ADM Kelly gave high praise for the manner in which the withdrawal from the Philippines was executed.

"The plan was put together so well — by a whole bunch of

smart people who were actually able to execute the plan about four weeks earlier than we had planned," said ADM Kelly.

"The execution of the withdrawal from the Philippines was done precisely and everyone who was associated with it really deserves a feather in their cap."

As a result of the withdrawal from the Philippines, 58 commands were decommissioned. Over 450 thousand tons of cargo were moved and/or redistributed throughout the Pacific.

ADM Kelly was the senior U.S. Navy official at the closing ceremonies in November.

Guam

Many of the people and their families who were assigned to the Philippines have been transferred to Guam. ADM Kelly stressed that Guam is a very strategic location for the fleet and noted that there are some training facilities in the area which we might be able to use.

"I think we are in Guam for the long term," said ADM Kelly. "We've put our anchor there and we intend to stay."

ADM Kelly also noted that in the past few months, Guam has experienced six typhoons with three eyes passing right over the 30 - mile wide island.

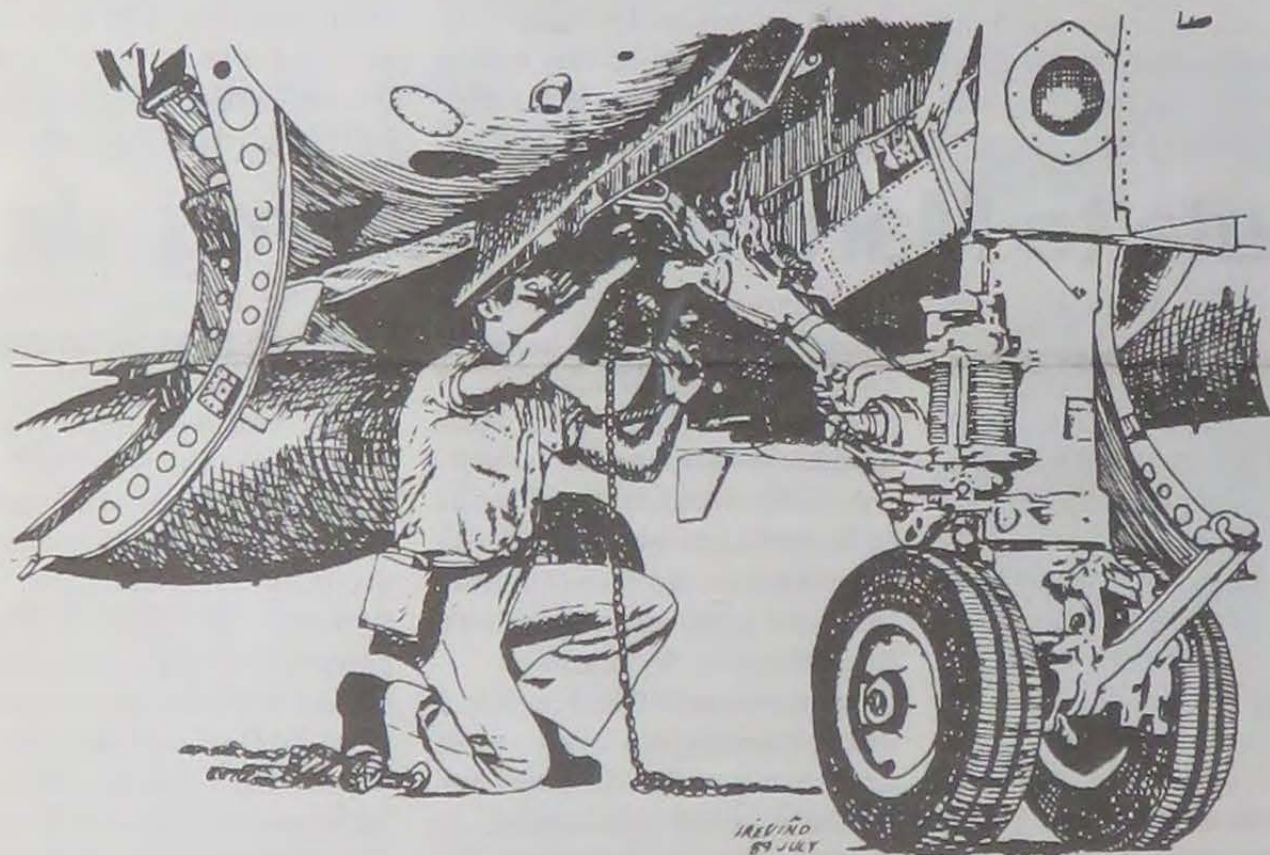
"They're still not 100 percent back, but I can tell you that they're doing a marvelous job out there," he said.

ADM Kelly also lauded the role Navy personnel played in getting the Guam community back on its feet after these devastating storms.

"They (the civilian community) would be really hurting were it not for the military," he added.

In concluding his remarks, ADM Kelly urged his staff to remember the business they were in — supporting the men and women who are running the Fleet's operational units.

"They are the pointed end of the spear and everything we do should keep them in mind," he said.



ATTENTION ALL HANDS!

Media relations guidance

Recently, the nation's media has focused on the Navy for several reasons. Locally, the Public Affairs Office has been queried for permission to come on board NAVHOSP Oakland's compound to speak to sailors about the news items. Since these incidents do not have a direct impact upon this command or its personnel, these requests have been denied. The more tenacious reporters then resort to approaching sailors off the compound.

Please remember that when in uniform, or when you are identified as a sailor, you represent the entire United States Navy. If you are contacted by the media for any reason, please contact the Public Affairs Office for guidance. Point of contact is the public affairs officer, Mike Meines, who represents NAVHOSP Oakland, its tenant commands and branch medical clinics. He can be reached at (510) 633-6146.

Advice on sexual harassment available by phone

Washington (NNS)—In another action to eliminate sexual harassment in the Navy and Marine Corps, the Department of the Navy began operation of a toll-free sexual harassment advice and counseling telephone line Dec. 1, 1992.

The number is 1-800-253-0931 for callers in the United States. Callers from outside the U. S. can phone (DSN) 224-2735 or (703) 614-2735 (collect).

The telephone lines will be staffed from 10 a.m. to 6 p.m. (eastern standard time) Monday through Friday. An answering machine will take messages and provide referral numbers after hours, on holidays and weekends.

The new toll-free service is designed to offer information and advice to anyone who might be involved in, or concerned about an incident of sexual harassment. Assistance is available to all Navy personnel. Establishment of the phone line is based on recommendations from the standing committee on military and civilian women in the

Department of the Navy, which developed and evaluated several new initiatives to combat sexual harassment.

"We want our members to have the confidence and support necessary to address sexual harassment at the local level when it occurs," said Assistant Secretary of the Navy (Manpower and Reserve Affairs) Barbara Pope. "This line will be another avenue for reliable, timely and straightforward advice."

The toll-free service may be used by recipients of sexual harassment, persons accused of sexual harassment, those who have witnessed sexual harassment and those who simply have questions about Department of the Navy policy on sexual harassment. For recipients of sexual harassment, the staff of the toll-free line will offer support that is both physically and emotionally removed from the local scene. Callers will receive advice on their roles and responsibilities in resolving sensitive or difficult situations, as well as information on coun-

The number is 1-800-253-0931 for callers in the United States. Callers from outside the U. S. can phone (DSN) 224-2735 or (703) 614-2735 (collect).

seling and assistance available locally.

Persons using this telephone service will not be required to identify themselves by name or command if they choose to remain anonymous. Also, calling the new toll-free number will not, in itself, initiate an investigation. Complaints of sexual harassment normally are reported through the appropriate chain of command.

If the chain of command is "part of the problem", or fails

to take action on a complaint, recipients of sexual harassment may use one of several other means to report misconduct. Two of those alternatives are reporting incidents to the Navy Inspector General's Fraud, Waste and Abuse "Hotline" (1-800-522-3451), or filing complaints under Naval Regulations Article 1150 or Uniform Code of Military Justice Article 138.

"The staff of our new toll-free number for advice and counseling will be able to dis-

cuss options," said CDR Michael West, head of the Sexual Harassment Branch of the Equal Opportunity Division of the Bureau of Naval Personnel (BUPERS). "In many cases, if not most, sexual harassment can be stopped at the local level, right in the workplace, without the need for formal complaint or investigation. Often the first step is for the victim to make sure the other person knows that the jokes or advances are unwanted and objectionable."

The new toll-free number for advice and counseling will be publicized throughout the Navy in unit Plans or the Day and Week, articles, posters and other means so that anyone with concerns or questions about sexual harassment can make use of the new service.

Red Cross continues to honor Gulf War veterans through Persian Gulf Project benefits

Oakland, CA — The Office of the Station Manager, American Red Cross, Naval Hospital, Oakland joins the celebration of the end of the Persian Gulf War by urging Gulf War National Guard and Reserve veterans to take advantage of the financial benefits available through the Persian Gulf Family Support Project.

"This grant confirms the unique relationship we share with the Department of Defense and the trust it has in the American Red Cross."

Michael Guerriere, national director of the project

In September, 1991, the Red Cross received a grant from the Department of Defense as part of the Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act appropriated by Congress. The project offers partial reimbursement for child care expenses

incurred during the conflict; individual, family and budget counseling expenses as a result of the conflict; and assistance for employment skills development.

"This grant confirms the unique relationship we share with the Department of Defense and the trust it has in the American Red Cross," said Michael Guerriere, national director of the project.

Hostilities in the Gulf ended on Feb. 27, 1991, but many National Guard and Reservists returned home to unique problems resulting from Operation Desert Shield/Storm. "Although child care reimbursement accounts for over 85 percent of our cases, each month we see an increase in the number of counseling cases," says Guerriere, "and we expect an increase in inquiries as attention to the anniversary of the end of the war brings to the surface some of the problems many military personnel and family members are still dealing with."

Red Cross chapters around the country have assisted over 4,480 families for grants totaling over \$1,096,700.

National Guard and Reserve Persian Gulf veterans, and their families, who need assistance should contact Randy E. Ortega, NHO Station Manager at (510) 633-5880. All services provided to military personnel are strictly confidential.

Operation Santa Claus a success at Oak Knoll



HMCS (SW) Kelsey Fry inspects the baskets filled with donations from Oak Knoll staff. (Official U.S. Navy photo).



Command Senior Chief, HMCS (SW) Gary Chapman, (right) and HMCS (SW) Kelsey Fry smile happily as they look over the 11 Christmas baskets put together by Oak Knoll chief petty officers for needy families. (Official U.S. Navy photo).

Anatomy of a healthy back

Washington (NES)...Your back is the main support structure of your entire body. Along with your muscles and joints, it allows you to move (sit, stand, bend, etc.) and to bear weight. But the back is also a delicate, finely balanced structure that can be easily injured if it is not cared for properly. Knowing the basics of back care can make the difference between a healthy back and an aching one.

A healthy back

The back (spinal column) is composed of 24 movable bones called vertebrae. Between each vertebra is a cushion-like pad called a disc that absorbs shock. These vertebrae and discs are supported by ligaments and muscles that keep the back properly aligned in three balanced curves. When any of these various parts becomes diseased, injured or deconditioned, back

problems and pain are almost certain to follow.

A balanced back

A healthy back is a balanced back — your cervical (neck), thoracic (chest) and lumbar (lower back) curves are all properly aligned. You know your back is properly aligned when your ears, shoulders and hips are "stacked" in a straight line. The curves and alignment in a healthy back are protected by well-conditioned muscles and flexible "elastic" discs.

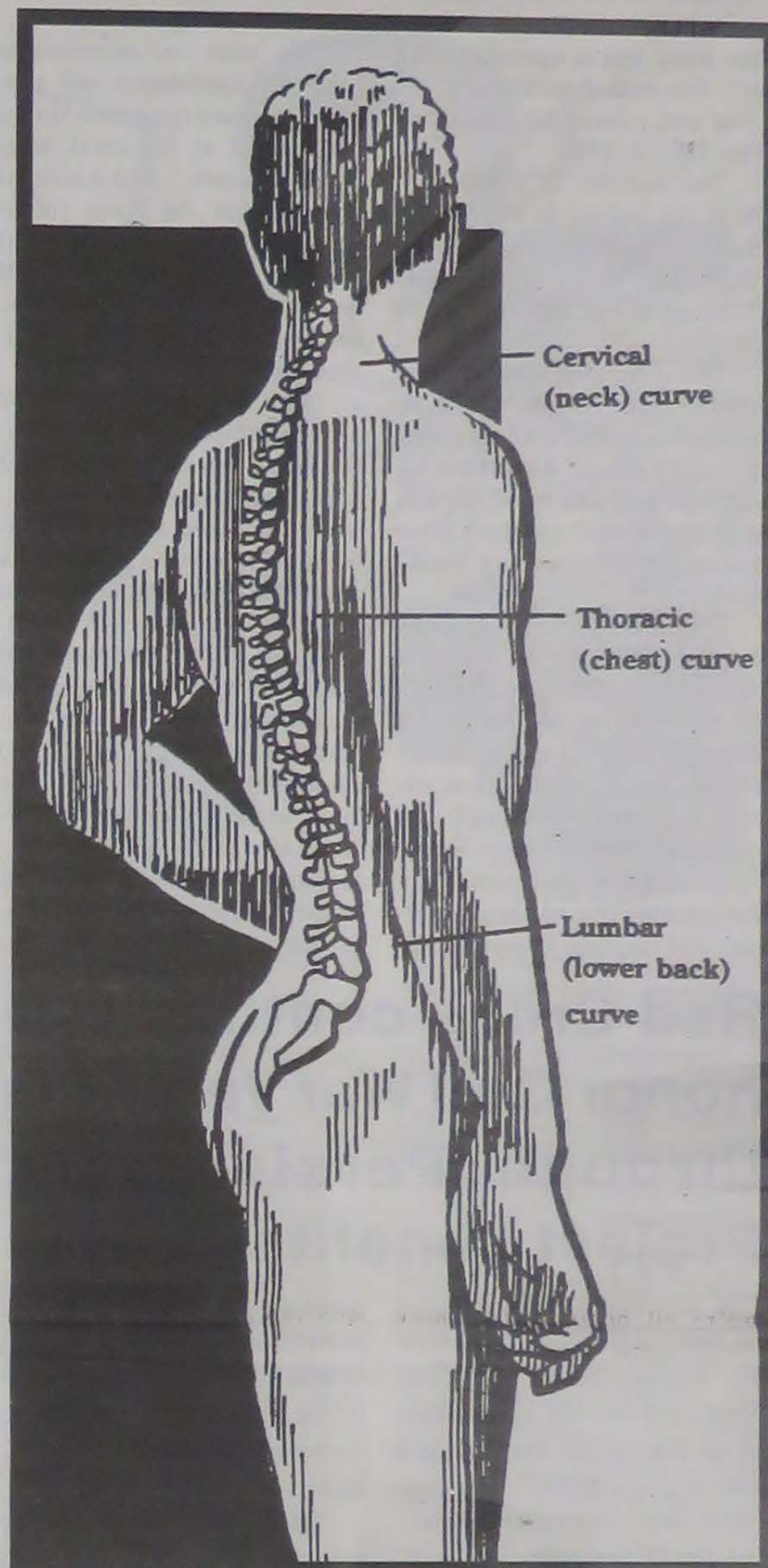
An aching back

A number of physical conditions, such as scoliosis (curvature of the spine), arthritis and herniated ("slipped" or herniated) discs,

can cause back pain. The majority of back pain cases, however, are caused by poor posture and weak supporting muscles. Improper posture places excess stress on the spinal column. Over time, poor posture can lead to sudden or recurrent back pain. Weak muscles contribute to, and are often responsible for, poor posture since they cannot adequately support the spinal column.

Preventive back care

Once you understand how your back works, and what can go wrong, you're ready to start taking care of your back's health. By using proper posture when you sit, stand, lift, recline and move and by exercising the muscles that support you back, you can prevent the most common causes of back pain. The result will be freedom from back pain and a stronger, healthier back.



Backpain

Washington (NES)... Our modern lifestyle has many benefits, but it has brought more stress to our daily routines. As a result, back problems have become epidemic in recent times.

More stress and too little exercise

Most of us do not exercise on a daily basis, and few of us fully relax even when we are

not on the move. We may be sitting at a desk or car, but the stress within us keeps our muscles in a state of tension.

When we do exercise, too often it is without proper preparation. We go out with great enthusiasm and often literally "break our backs" playing weekend athlete or gardener, or trying to "keep up" in an exercise class. We expect a lot from our spines without giving them the daily attention they need to remain strong and flexible.

Common causes of low back pain

The most common causes of low back pain are related to conditions that we can do something about.

Posture and alignment

We often hold ourselves in postures that make movement difficult and unnatural and pre-

dispose us to lower back pain. Any posture that compromises the natural curvature and muscular balance of the spine places strain and tension on the supporting muscles and ligaments, weakening them. Without proper support, the joints of the vertebrae are forced to carry weight they are not meant to carry. This leads to premature spinal degeneration and pain.

Overexertion

We tend to ignore the subtle signals our backs give us to ease up on our activity or change our position. In spite of a twinge here or a little spasm there, we continue to move furniture around or sit at the computer for another three hours until we strain a muscle or squeeze a disc. Then the pain puts us flat on our backs.

Traumatic back injuries

Automobiles, industrial accidents and active sports cause most traumatic back injuries.

A bulging or herniated disc

A herniated or protruding disc can cause severe back pain,

but only a small percentage of back pain can be attributed to this condition. Pain usually accompanies a herniated disc only if the escaped disc material is bothering a nerve.

Structural abnormalities

Occasionally low back pain is caused by a predisposing condition such as scoliosis, spinal bifida or spondylolisthesis. These abnormalities can be diagnosed by X-ray.

Emotional stress and muscular tension

Stress causes muscles to contract. Chronically contracted muscles stop the circulation of blood and oxygen, resulting in pain and atrophy in the muscle.

Whatever the cause, low back pain can be debilitating. Taking good care of our spines and seeking proper treatment when pain does occur will keep low back pain at bay.

Courtesy of CNATRA Safety Newsletter, Corpus Christi, Texas.

Stop smoking classes available at NAVHOSP Oakland

A seminar will be held on February 4 for anyone interested in "Life Without Tobacco" for smoking cessation or chewing tobacco cessation. The addicting effects of nicotine will be discussed in addition to the Naval Hospital Oakland nicotine replacement program for the transdermal nicotine patch or nicotine gum.

Presenters RN Aggie Freeman and LCDR Paul Savage, MC, will answer attendees questions.

An active-duty member who has participated in the NHO program will be a guest speaker. Class is open to all who want support to stop smoking. Classes



are free. No cost required. A commitment to attend six two-hour classes in one calendar month is necessary.

Information will be given on "Fresh Start Plus" an American Cancer Society Program that is Navy specific. These classes are sponsored by the Patient Education and Internal Medicine Department and the Wellness Department in Preventive Medicine/Occupational Health Dept.

ACTIVE DUTY may contact HM2 Boholst of the at ext. 3-8851 to enroll. A walk-in clinic for active duty in uniform with their medical record is held 8 to 9 a.m. in the Internal Medicine Dept., Room 448R, Patient Education, on Tuesday and Thursday mornings.

PHYSICIANS may refer by consult to Patient Educator, RN Aggie Freeman 9-801-5545 (beeper) or ext. 3-5375. Her office is Room 448R, Fourth Floor, Internal Medicine Department.

- | | |
|-------------|---|
| Class I - | The Nicotine Patch, The Smokers Triangle Health Benefits of Smoking Cessation |
| Class II - | "Why Quit Quiz" RN Freeman, Dr. Paul Savage |
| Class III - | Cold Turkey & Tobacco Free |
| Class IV - | Why I Smoke |
| Class V - | The Big Sell/Advertising |
| Class VI - | The Tobacco Pandemic - CAPT David Moyer, MC |
| | Managing Stress Without Nicotine |
| | Stop Smoking, Stay Trim |
| | Staying Quit, Handling Relapses |
| | Graduation |

Oak Knoll Briefs

Attention CHAMPUS-eligible beneficiaries

On Jan. 18, Ronald Berry started treating, on a full time basis, all CHAMPUS-eligible patients who need physical therapy. He specializes in treating musculoskeletal disorders, acute and chronic pain, myofascial pain syndromes, as well as neck and back pain. To be seen by Berry, a patient needs a referral from a military — not civilian — doctor or physician assistant on Consultation Form 513.

The patient can, then, make an appointment at the front desk of Physical Therapy on the fourth deck of the hospital, or call (510) 633-5067. Point of contact for further information is LCDR Robert Sellin at (510) 633-5071.

Ombudsman in demand

The command is seeking an additional ombudsman. He/she must be the spouse of an active-duty member. Point of contact

for more information and/or interviews is HM2 Christine Wurst at (510) 633-5324.

QI information

The Quality Leadership Council is seeking input from all staff on multidisciplinary processes that need improvement. A multidisciplinary process is a series of steps with defined beginning and ending points. It involves more than one functional area; i.e., division or department. Each area acts as either a customer or supplier in the process, and the ability of each area to do their job well is dependent upon the inputs from other areas.

The Opportunity for Improvement Proposal Form (QFI) is the vehicle all staff can use to submit recommendations.

Department heads and/or directors have the proposal forms on hand. Questions may be directed to the Quality Improvement coordinator, CDR Marie Kelly, at (510) 633-5971, or the assistant QI coordinator, PNCM Betty McClyman, at extension 3-6892.

Diet Corner

by LT Lea Cadle

With the holidays over, we're all beginning to think about our waistlines once again. The following recipe may help curb that sweet tooth and cut down on calories. It is also appropriate for diabetics. (See exchange information at end of recipe).

Lemon Strawberry Cake Roll Cake:
5 eggs, separated
3/4 cup all-purpose flour
2 tablespoons water
1 teaspoon baking powder
2 tablespoons lemon juice
24 packet Equal Sweetener
1/2 teaspoon dried lemon peel

Beat egg yolks, water and lemon juice until thick and lemon-colored. Gradually beat in lemon peel. Fold in flour and baking powder. Beat egg whites until stiff, but not dry, peaks form. Fold into lemon mixture. Spread batter onto wax-paper-lined 11x15-inch jelly roll pan sprayed with non-stick coating. Bake in preheated 400F oven 10 to 12 minutes. Remove from pan immediately and place on clean kitchen towel that has

been dusted with 12 packets of Equal. Remove wax paper and sprinkle remaining 12 packets of Equal over cake. Roll up jelly roll fashion, starting with shorter side. Cool cake, then unroll. Prepare fillings and use as directed.

Filling:
1 packet low-calorie whipped topping mix
1/2 cup skim milk
4 ounces low-calorie cream cheese, softened
4 packet Equal Sweetener
1/8 teaspoon nutmeg
1 cup chopped strawberries

Prepare whipped topping mix according to package directions, using skim milk instead of water. Beat topping with cream cheese, Equal and nutmeg until smooth. Fold in strawberries. Spread mixture over unrolled cake, leaving about one half to one-inch margin around edges. Roll up cake with filling and refrigerate until ready to serve. Slice with serrated knife.

Makes one 10-inch roll or 10 servings.

Calories per serving: 145.
Diabetic exchange: 1/2 skim milk, 1/2 starch/bread, 1 fat.

Patient Appointment System

To schedule and cancel all clinic appointments, call
(510) 633-6000,
Monday through Friday, from
8 a.m. to 4:30 p.m.
No more busy signals!!!!
Speak directly with
an appointment clerk.

Scholarship Information

Navy League announces three scholarships

The Navy League of the United States will award three scholarships to selected high school students to further their education. The scholarships include: The Renee and Earnest G. Campbell Scholarship and the Stanley Levinson Scholarship will be available to students entering their college freshman year in the fall of 1993.

The Subic Bay-Cubi Point Scholarship offers a special opportunity for the sons and daughter of personnel permanently stationed in the Subic Bay-Cubi Point area of the Philippines from 1980 through 1992. Awards under this pro-

gram may be made for post-high school education at any level.

To be eligible for the Campbell or Levinson scholarships, the applicant must be a citizen of the United States, a high school senior under the age of 25. The student must be able to demonstrate financial need and be of good character, well-motivated and possess an excellent academic record. He or she must also demonstrate an appreciation of the laws, traditions and values of the United States.

Preference will be given to applicants who have demonstrated an interest in and an in-

tention to continue their education in mathematics, engineering and/or the sciences. Children of current or former (including deceased) members of the U.S. sea services (Navy, Marine Corps, Coast Guard and U.S. Merchant Marine) will also be given preference.

Application forms and instructions for the three scholarships can be obtained by sending a self-addressed, stamped, business-size (long) envelope to: Navy League of the United States, ATTN: Scholarship, 2300 Wilson Boulevard, Arlington, VA 22201. No telephone inquiries, please.

Vice Admiral E. P. Travers Scholarship Program

by JO3 Daniel Wurdmann
Pacific Fleet Public Affairs
Office Pearl Harbor HI

The road to college education for children of military families is widening.

The Navy-Marine Corps Relief Society is offering two new ways to send dependent children to college: The Vice Admiral E. P. Travers Scholarship Program and the Interest-Free Parent Loan Program. Together these two programs helped fund college education for 443 dependent children this year.

The Scholarship fund provides grants of \$2,000 per academic year, and the Interest-Free Parent Loan Program of-

fers up to \$3,000 per academic year. The Navy-Marine Corps Relief Society is capable of providing financial assistance to more than 2,000 students. Last year, they processed 663 applications for the two programs, awarding 387 scholarships and authorizing 298 loans.

"Making continuing education available to active-duty Navy and Marine Corps dependent children is an important function of the Society," said COL. Ken Robinson, secretary and director of Education Programs. "We're delighted to be able to help the hundreds of students this year, but hope the numbers will grow significantly."

Students who wish to apply

for the Vice Admiral E. P. Travers Scholarship must meet the following criteria:

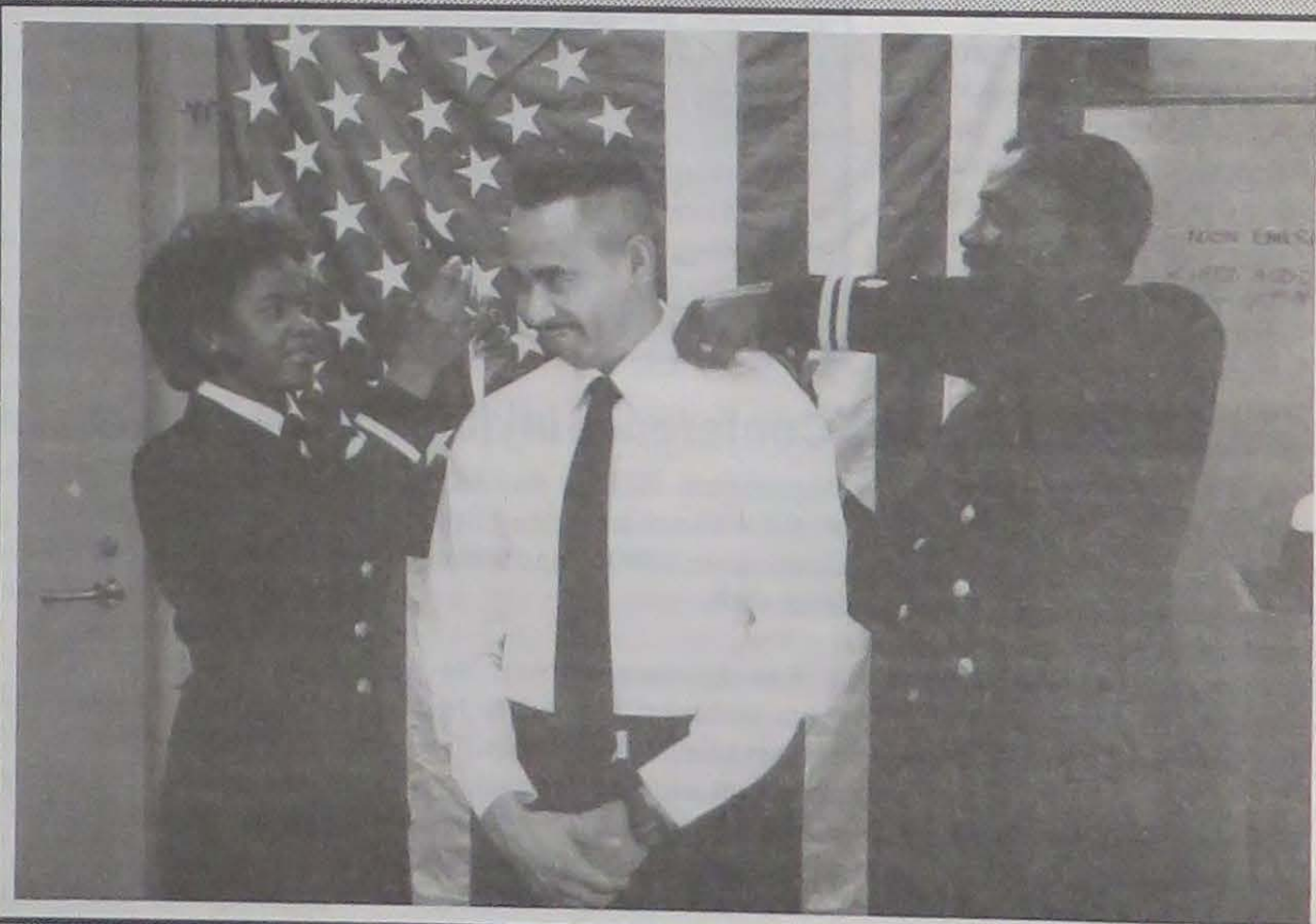
Be the dependent son or daughter of an active-duty member of the United States Navy or Marine Corps and possess a valid dependents' Uniform Services Identification and Privilege card.

Be enrolled full-time or accepted for full-time enrollment at a post-secondary undergraduate, technical or vocational institution accredited by the U. S. Department of Education.

Have a cumulative Grade Point Average (GPA) of 2.0 or better, as measured on a 4.0 scale.

Demonstrate financial need.

Branch Medical Clinic Treasure Island



LT Carl Wamble, MSC, (right) and ENS Carolyn Medina pin the ensign board on HM1 Andres Medina, who was frocked to an ensign on Dec. 23, 1992 shortly before his transfer to Officer Indoctrination School. LT Wamble is Branch Medical Clinic Treasure Island's officer-in-charge; ENS Carolyn Medina works in Naval Hospital Oakland's Quality Improvement Department. (Official U.S. Navy photo by JO2 Stephen R. Brown)

Plus and Minus



by mike meines

My doctor decided that I need some vigorous exercise to get control of my skyrocketing cholesterol reading. I tried running to the car in the morning but that hurt my feet. I tried swimming but soon realized that people who swim for exercise don't require life jackets and are not limited to a dying dog paddle. I tried tennis but never grasped the point of the game. Love this...love that...45 points for this...15 points for that...match point...break point,

what's the point?

Golf seemed like a great sport! You can fit a cooler full of beer on the back of that little cart and they sell hot dogs after every nine holes. Doesn't get any better than that. Neither does your cholesterol.

Finally I settled on bowling. There is some running involved but not enough to kill you. The ball is heavy and requires strength. Some degree of accuracy is needed. Concentration is a must. So, when my doctor asked me if I was exercising, I said, "Sure man...a little jogging, some weight training, aerobics and mental exercise as well."

In order to make sure that I exercised on a regular basis, I joined a league. To make sure I attended on a regular basis, I signed Carole up to bowl with me. We got paired with another couple, Mark and Brenda...and off we went. What I didn't realize is that there are certain responsibilities that go with bowling in a league.

The one that I am thinking of is the annual fund raiser. Better known as BINGO night. I hadn't done BINGO in years. The last time I played BINGO, the object of the game was to get five numbers in a row either horizontally, diagonally or ver-

tically or, in extreme cases, four corners. When you accomplished this, you jumped to your feet and hollered, "BINGO!"

Seems like somewhere down the line, things got a little out of whack.

"Good evening, ladies and gentlemen and welcome to our annual fund raiser..."

"Enough already! Get on with it!"

"Well, O.K., the first game is worth \$100! To win you need one BINGO horizontally with a blue marker...one BINGO under the "N" column without using the FREE space and two out of three four corners but only on a number from the "O" column. Red markers will deduct \$10 dollars from their winnings and anyone using number "3" under "B" will be eliminated from the door prize drawing. Starting with N-44."

"Huh? What'd he say?"

"Hold it down!"

"G-58"

"Wait a minute..."

"I-17"

"Can I use green..."

"B-2"

"What was that N number again?"

"O-72"

"BINGO!"

"WHAT??? How can that be? For crying out loud...what the heck..."

"We have a BINGO. The next game is worth \$150 and

requires a diagonal BINGO with a wild card with an upside down "T" utilizing only the "O" column unless you can form a crescent which is worth an additional \$20. If you can form a child flying a kite, it's worth \$10 and a hot dog donated by Phil's Chevron...left over from their company picnic...starting with I-16."

"What's a hot dog flying a kid worth?"

"Sshhhhhhhhh!"

"Where did you say the beer stand was?"

I could see that if I stayed and played, I would receive all

the exercise I needed. I quietly snuck out the door and whispered to Carole..."Later, Baby!"

Personals:

Paula Barber: Happy Birthday. Late but sincere.

Renee Bishop: Thanks for all your help.

Aggie Freeman: Keep up the good work.

CDR Goff: 'preciate your company each morning.

Carole: Get over here—right now.

Mom: Playing BINGO once a year does not mean I have a gambling problem!

Central Pacific Sports Conference flag football championships

Results of the seven-man tournament held Nov. 14-15 at Mare Island Naval shipyard:

Mare Island	21	NWS Concord	0
NAS Moffett Field	28	Treasure Island	6
NAS Lemoore	25	NAVHOSP Oakland	0
USS Samuel Gompers	6	USCG Air Station	0
NAS Moffett Field	23	Mare Island	20
USS Samuel Gompers	20	NAS Lemoore	19
NWS Concord	34	Treasure Island	24
NAVHOSP Oakland	6	USCG Air Station	0
NAS Lemoore	20	NWS Concord	14
Mare Island	3	NAVHOSP Oakland	0
USS Samuel Gompers	22	NAS Moffett Field	14
NAS Lemoore	14	Mare Island	0
NAS Moffett Field	14	NAS Lemoore	10
NAS Moffett Field	13	USS Samuel Gompers	6
NAS Moffett Field	20	USS Samuel Gompers	14

NAS Moffett Field "Champions"
USS Samuel Gompers "Runner-Up"

Dedicated soccer coach at Naval Hospital Oakland

By HM2 Duane L. Akers, Branch Medical Clinic Alameda

HM2 Pablo Lopez, a corpsman at Naval Hospital Oakland's Biomedical Repair, exemplifies what dedication and sharing in the busy life of a sailor is all about. He wanted to get his daughter outdoors and decided to sign her up with the Alameda Naval Air Station Youth Soccer Program. As he explains, "the next thing I knew, I was handed a roster and told to go coach."

Well, he ended up coaching his daughter on the "NAS Under 8 Coed Hurricanes," and, in the process, gained the respect and admiration of fellow coaches and parents. With absolutely no experience in coaching youngsters, he approached the task with nothing but high

spirits and instilled fun into the game.

Along with his coaching duties, he was also called upon to referee the games and to shuttle another eight-



year-old to the game.

It is this kind of dedication to coaching that has helped to propel the NAS Soccer Club into a topnotch organization in the Oakland area.

NAS ALAMEDA, CA — The Naval Air Station Soccer Club extends to all interested parents and children the opportunity to join the Spring soccer program in the eight to 11-year-old category. The season will start in April, and practices will begin around mid to late February. The club, which recently completed its first season in the Oakland Jack London Soccer League, strives to teach not only the sport of soccer, but also how it can work to improve your child physically and mentally. The club is set up as follows:

Under 10, boys (advanced)
Under 10, boys (recreational)

Under 12, boys (recreational)

Under 12, girls (recreational, ages 8-11 are combined on this team unless enough participants are found for each division)

Interested? For more information, call (510) 263-3199, or HM2 Duane Akers at (510) 523-9356. Girls practice begins in January at NAS Alameda. Give us a try, absolutely no experience is needed!

Central Pacific Sports Conference invitational dart tournament

This event will be held Saturday, Feb. 6, 1993 at the Islander Club, Consolidated Mess, Naval Security Group Skaggs Island, Sonoma, Calif., starting at 9:30 a.m. and will be conducted in accordance with RSRSO SFRAN INST 1710.1.

Entries must be forwarded no later than Jan. 22, 1993 to Jim Gass, C.P.S.C. Athletic Director, Code 840, Mare Island Naval Shipyard, Vallejo, CA 94592-5100. Telephone: (707) 646-9356/Autovon 253-9356. An entry fee of \$5 per contestant will be assessed to defray tournament expenses. At Naval Hospital Oakland, an entry form can be obtained from the Morale Welfare and Recreation

Department. Fill out that form, attach a check or money order made out to MWR Fund. Do not send cash.

The tournament will be a team competition with four players comprising a team. Two alternates are allowed and may substitute. Team competition will consist of four singles, 501, best of two out of three; two doubles, 501, best two out of three; two Call Shot Cricket Doubles, best two out of three; one, 801, four person team game. Total - nine games. Unlimited teams will be allowed.

Individual points for each game of the match will be maintained to determine the tourna-

ment winner. In the event of two teams with identical game points, the winner of the head to head competition will be declared the winner.

Awards will be provided by the C.P.S.C. Recreation Office. All contestants will receive participation awards.

Participants must furnish their own darts.

Inquiries regarding the Central Pacific Sports Program may be referred to Ron Brown of Naval Hospital Oakland's Morale, Welfare and Recreation Department. He may be reached at (510) 633-6106.

CPS Invitational wrestling championships

Tournament held Dec. 5 at Mare Island Naval Shipyard. Winners in each weight class are as follows:

125.5 lbs.	163 lbs.
1. Dustin Waugh, USS Abraham Lincoln	1. Tom Roberts, NAS Lemoore
2. David Wood, NAS Lemoore	2. Tim Root, NAS Alameda
136.5 lbs.	180.5 lbs.
1. Tasso Politopoulos, USS Pyro	1. Jeff Rogers, NAVHOSP Oakland
2. John Schuler, USCG Petaluma	2. Michael Benjamin, NAS Lemoore
149.5 lbs.	198 lbs.
1. Jimmy Salyer, NAS Lemoore	1. Patrick Murphy, USS Los Angeles (Uncontested)
2. Steve Cruz, USS Abraham Lincoln	220 lbs.
	1. Robert Daniel, NRD San Francisco (Uncontested)

1993 CPS Conference sports schedule

Team tournaments

Basketball (Women)	March 19-21 1993	NAVSTA Treasure Island
Basketball (Men)	March 20-27 1993	Mare Island Naval Shipyard
Volleyball (Men)	April 3 1993	NAS Moffett Field
Volleyball (Women)	April 10 1993	NWS Concord
Slow Pitch Softball (Women)	June 19-20 1993	Mare Island Naval Shipyard
Slow Pitch Softball (Men)	July 10-11 1993	NAS Alameda

Individual tournaments

Bowling (Men and Women)	March 22-24 1993	NAS Alameda
Racquetball (Men's open)	March 25-28 1993	Mare Island Naval Shipyard
Racquetball (Men's senior, Women's)	March 26-28 1993	NAS Moffett Field
Tennis (Men's open)	June 14-18 1993	NAVHOSP Oakland
Tennis (Men's senior, Junior Veteran & women)	June 15-18 1993	NAVHOSP Oakland
Golf (men & women)	July 15-18 1993	NAS Moffett Field

Separate recreation bulletins will be available prior to each team/individual sports event.

NIRSA Conference date set

The 44th Annual National Intramural Recreational Sports Association National Conference will be held April 2-6 at the Hyatt Regency Downtown in Houston, Texas. Many professional seminars and workshops will be presented. Several sessions for Navy athletic directors/recreation coordinators will be presented by the Bureau of Personnel. For conference information contact NIRSA headquarters at (503) 737-2088.

Inquiries may be referred to Mr. Ron Brown of Naval Hospital Oakland's Morale Welfare and Recreation Department. He can be reached at (510) 633-6106.



The Red Rover

The Navy's first commissioned hospital ship

Vol. 5 No. 2

Naval Hospital Oakland, California

February 12, 1993

NHO Sailors of the Year

Senior Sailor of the Year

By JO2 Stephen Brown

Once a year various sea and shore commands select their Junior and Senior Sailors of the Year. These top-notch-performers go on to compete at the next level of their commands with the hope and honor of eventually being named as the Navy's Sailor of the Year.

Naval Hospital Oakland recently selected its Senior Sailor of the Year. That top-notch-performer is HM1 George T. Zuckerman.

"It is a honor, there were a lot of good people nominated for it," said Zuckerman. "It is a very good feeling to be Naval Hospital Oakland's Senior Sailor of the Year."

Zuckerman works in the Pharmacy Department and was recently assigned to the Outpatient Section. "I served as the leading petty officer supervising 16 pharmacy technicians and ensuring that all medications are properly filled for all our outpatients."

Before his transfer to the Outpatient Section, Zuckerman worked in the Supply Section of the Pharmacy Department. There he spent more than 800 off-duty hours working to overhaul and streamline the Supply Section.

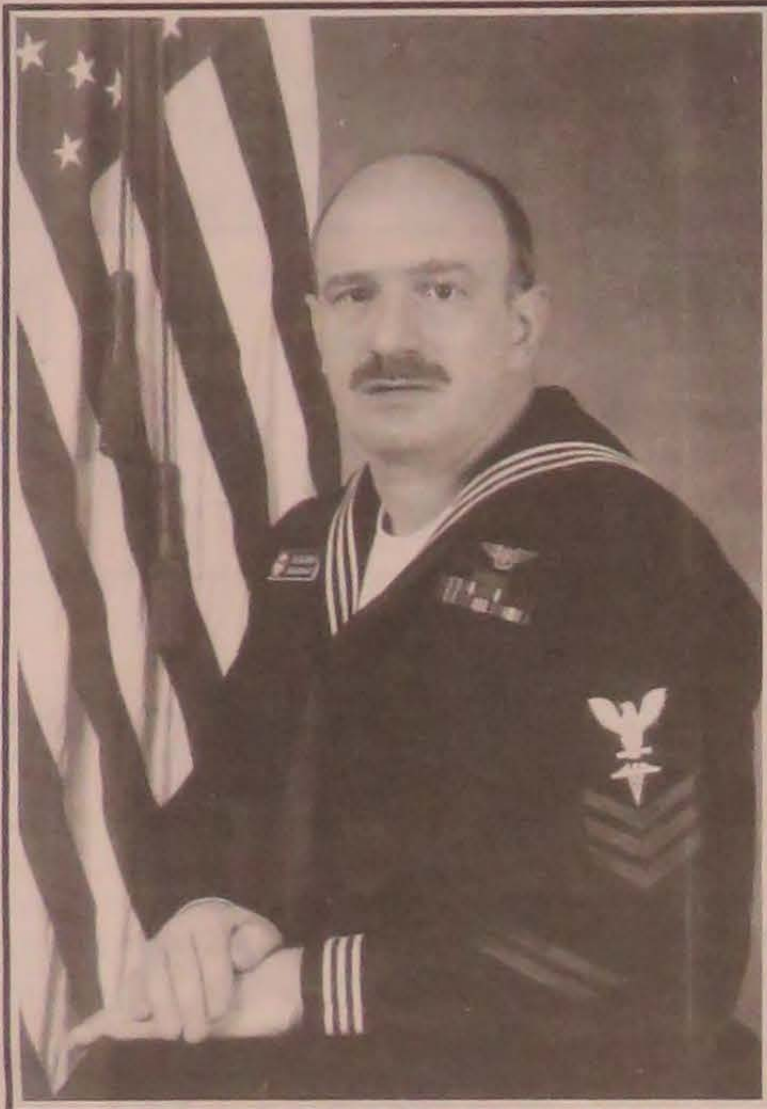
He initiated a computerized Operating Target (OPTAR) Program, enabling the Pharmacy to track all expenditures, not-in-stock rates, warehouse denials, special orders and date of order to receipt time in the Pharmacy. This was the first program of its kind at the hospital.

Under this OPTAR program, the Pharmacy is able to track and adjust all monthly usage rates from historical data, establishing for the first time effective stocking levels and requisition objectives.

He implemented computerized order forms and price lists for each section of the Pharmacy.

He has decreased inven-

Continued on page 5



HM1 George T. Zuckerman
Official U.S. Navy photo



HM3 Hattie Tapps
Official U.S. Navy photo

Junior Sailor of the Year

By A. Marechal-Workman

"I just care." This is short and to the point, and goes a long way toward explaining what Physical Therapy Technician HM3 Hattie Tapps is all about, and why she was selected as Naval Hospital Oakland's Junior Sailor of the Year for 1992.

That she does care is evident in everything she says and does. It is evident from her body language, from her expressively sensitive face. For example, she said she hadn't a clue why she was chosen as top sailor beyond the fact that she loves the patients and the people she works with, so she "just assumed it carries through and people see that." However, when she thought the question over, she added she was selected because she's a product of a "honest, fair and just leadership" and the people she works for provide the type of leadership that made her what she is.

HM3 Tapps doesn't believe she could name any single one of her accomplishments, yet she didn't hesitate in letting everyone know that "it just feels good when you can help a patient get back on his, or her, feet."

HM3 Tapps hasn't been in the Navy very long. In fact, Naval Hospital Oakland is her first command. "I wanted to be in a situation...you know, when I see someone cry, I cry too," the shy, modest and obviously compassionate corpsman explained. "So I felt

Continued on page 5

Andre Khougaz: Civilian of the Quarter

by mike meines

Andre Khougaz is very proud to be Naval Hospital Oakland's Civilian of the Quarter. Actually, it was a total surprise to him when he heard of the award.

Khougaz has a different way of looking at his selection. "I am aware that the selection was based partly on my past performance," he says, "but mainly because of what is expected of me in the future. After all, we don't elect a president on what he has done in the past,

but on what we feel he can do for us in the future."

Khougaz is praised by his superiors for his cheerfulness, diligence, courtesy, tact and compassion as well as his positive philosophy and attitude.

Based upon his past record, it is easy to see that Khougaz has a need to help others. He has been, among other things, a librarian, a counselor for the mentally disabled and a financial administrator for the Catholic church. Presently, he works at Naval Hospital Oakland's Surgery Clinic.

Khougaz spent the early years of his life in Paris, France. He graduated from the University of Paris with a degree in French Literature. He had also studied the English language, and because he admired and was attracted to this country, he relocated at the age of 20. He describes himself as unabashedly pro-American and says that his admiration grows every day — "that the United States is an extraordinarily successful society." He does admit that he has very good friends in France and that he tries to get back to see them as often as he can.

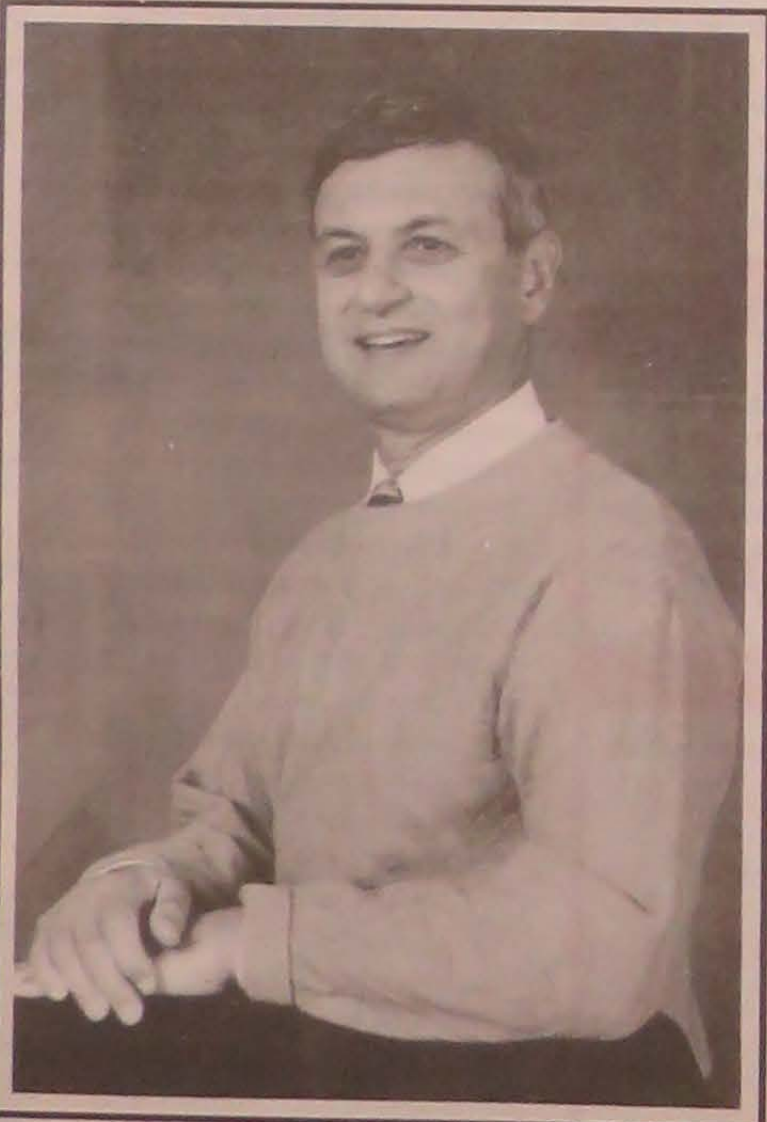
This gentle, soft-spoken man describes his duties in

the Surgery Clinic as receptionist, secretary, appointment clerk and patient contact representative. He enjoys the abstract aspect of his work immensely and says that he has two types of customers — inside and outside. The outside customer is the patient and the inside customer is all the hospital's care givers he assists, who provide health care to those outside customers.

When he is not at his job, he enjoys singing and acting, and has appeared in several shows in the local community and in San Francisco.

The long-time bachelor says that his long-term goal is limited by his loyalty to the Surgery Clinic. He says that he is content in his present position and that it is fulfilling his self-esteem and emotional needs. In that vein, he says he has accomplished his short-term goal.

Khougaz says that being named Civilian of the Quarter has made him very conscious of what his responsibilities are and what is expected of him. He hopes that he was selected because of constant and consistent efforts and, more importantly, intends to do his best not to disappoint his inside and outside customers or Naval Hospital Oakland.



Andre Khougaz
Official U.S. Navy photo

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Oak Knoll Viewpoint

What would you like to say to your Valentine?

Official U.S. Navy photos by MM2 John Dziki

HN Jason Rogers,
Infectious Disease Dept.



"Dearest Stacey...All my love to you on Valentine's Day."



HA Richard Pederson,
Patient Administration

"Mary...Over the distance between us, my love travels to you on Valentine's Day."

HN Lisa Dolcini,
Nursing Services



"Brent...no matter how far apart we might be, my love for you will remain in my heart always. I love you."



WO1 Mike Kohler,
7 West

"Dear Milkshake...I hope your Valentine's Day is the best. I just jotted this note to say I care and love you."

LTJG Kimberly Campbell,
Hand Therapy Clinic



"I sure wish you were here—or at least in the same country!! See you soon."

From the XO

A tribute to present and past presidents

On Feb. 15 we will observe Presidents' Day. Originally, this federal holiday was celebrated on Feb. 22nd as George Washington's birthday. On June 28, 1968, Public Law 90-363 rescheduled the holiday to the third Monday in February to encompass the commemoration of both George Washington's and Abraham Lincoln's birthdays. Eventually the federal holiday came to be known simply as "Presidents' Day."

This year, observance of Presidents' Day comes in the wake of the smooth and peaceful transition to the new administration of William Jefferson Clinton.

As we are painfully aware from current events in Bosnia, in many countries, change over from one administration to another is often marked with insurrections and bloody coups. But in a democracy such as ours, the transfer of power between presidents is peaceful, organized and civilized.

This peaceful political pro-



CAPT Noel Hyde
Official U.S. Navy photo

cess wasn't achieved overnight, however, and we owe a great debt to our founding fathers who created and signed the United States Constitution and to those who followed and worked to preserve the letter and spirit of the Constitution by adding amendments to the Bill of Rights...Thomas Jefferson, John Adams...They might be startled by some of the issues that are brought up today, but they

would be happy to see that, in the final analysis, throughout the centuries, the Constitution has always prevailed.

One of the key factors in preserving our peaceful political process is freedom of the press, guaranteed by the First Amendment. Our free press allows us to keep abreast of political developments and permits us to form opinions regarding the quality of the representation we are receiving from our elected representatives. On the other hand, the press is also subject to political manipulation, and it is important that we do not believe everything we read in the newspapers or watch on television. It is imperative that we analyze issues from different angles and base our opinions on multiple sources.

On this Presidents' Day 1993, let us pay tribute to our present and past commanders in chief, not only George Washington and Abraham Lincoln, but all those who, throughout the centuries, have contributed

to making our nation strong, just and free — Thomas Jefferson, Andrew Jackson, Theodore and Franklin Roosevelt, Harry Truman, John Fitzgerald Kennedy, to name a

few. Let us pay tribute to all of them and, in their memory, renew our promise of "eternal vigilance" to ourselves, our children and our children's children.

Commentary

I am relatively new to Naval Hospital Oakland. I came aboard in August of last year. I worked with the Army for twenty years before accepting this assignment. It is a little different but not all that much. Our mission is pretty much explained in our name: Naval Hospital Oakland.

NAVAL

This facility is funded, staffed and managed by the U.S. Navy. The beneficiaries of this facility are active-duty military and their families as well as retirees and their families.

HOSPITAL

This medical center provides health care to our eligible beneficiaries. The health care team of Naval Hospital Oakland is made up of Navy personnel, civilian personnel and contract personnel. We supply the full range of medical care from open heart surgery to treatment for the flu. The management of this facility constantly tries to keep up with the always changing equipment in an effort to fulfill our mission. An important thing to remember is that we perform our wartime mission on a daily basis. We don't have to have exercises to test our readiness. We test it every day on real, live patients. Our mission is humanitarian and requires very special people to carry it out. Luckily, it seems as though we have those people. I witnessed our commanding officer visit a fellow flag officer patient in the Intensive Care Unit who just happened to be a former football coach with the Army football team. The admiral was very gentle and compassionate and I watched as the general's eyes danced as he vainly struggled to respond. I also witnessed one of our very junior hospitalmen as he helped a patient in

the Pharmacy. He was just walking by and noticed a woman struggling to get to her feet. He gently placed his hand on her arm and told her that he would get her prescription for her. From the top to the bottom...very special people indeed!

OAKLAND

Our geographic location. It is also the area where we get our civilians. The Navy needs us civilians to provide consistency and continuity. We assist the Navy in carrying out its mission. The Navy, in turn, provides us with a good salary and a sense of being part of the Navy team. I would be surprised to hear of any civilian employee not perking up at the mention of the Navy in any conversation or news broadcast. The Navy is a proud organization and so are its civilian employees.

Based upon conversations with our patient contact representatives, it appears that our beneficiaries, for the most part, are pleased with the health care being provided at Naval Hospital Oakland.

When an agency employs more than 2,000 people, there is always going to be problems. It is my belief, however, that Naval Hospital Oakland has a solid military and civilian team. Perhaps there are times when we lose sight of the big picture and don't realize what this organization is all about.

Since my arrival, I have witnessed dedicated, empathetic, compassionate professionals providing the finest health care available to their patients. From the housekeeper to the surgeon, we should be proud of what's going on here. We should be proud of who we are and what we represent.

We are NAVAL HOSPITAL OAKLAND. (mgm)

Red Rover

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CAPT Marcia Sherrard

Meet Oak Knoll's new DNS

By A. Marechal-Workman

CAPT Marcia Sherrard, NC, USN, comes to Naval Hospital Oakland with a wealth of experience garnered from previous tours at prestigious military installations. This includes NAVHOSP Oakland, by the way. It was her first duty station after she was recalled to active duty in 1976, after five years in the Reserves.

"...in the Nurse Corps, you have an opportunity to be whatever you want to be..."
CAPT M. Sherrard

"It feels good to be back," she said. "I have fond memories. I enjoyed the Bay Area; I enjoyed my duties as a charge nurse. But the good thing is, it's been 11 years and I don't bring back preconceived ideas. I've had enough other experiences in the meantime."

CAPT Sherrard was inspired to join the Navy in 1968 after meeting a Navy nurse at one of her mother's teachers conventions. "There was a Navy nurse at the recruiting booth," the native of Woodbridge, N.J., reminisced. "After meeting her and talking to her, I decided to apply to the Nurse Corps Candidate Program."

When asked what her greatest challenge would be as the command's top Navy nurse, CAPT Sherrard didn't hesitate for a second. "Following Maria Carroll," she stressed, using her hands to reinforce her statement. "She's done so much, and I want to make sure that we continue to build on that sense of professionalism and pride the nurses and hospital corpsmen have about themselves here."

CAPT Maria K. Carroll's, NC, USN (Ret.) administration

may be a tough act to follow but, based upon her past record, it is obvious that the new DNS has a lot to offer. She was assigned to Camp Pendleton after she left NAVHOSP Oakland; then to the Health Science Education Training Command (HSEC) in Bethesda, Md., where she "was in charge of the operational medicine training programs." Finally, she served as assistant director of nursing at Naval Hospital San Diego before returning to Oakland in December for a turnover period with CAPT Carroll.

One of the most important item on the new DNS's agenda is the all-consuming issue of the changing environment in the health care system as a whole, military and civilian. This means that the nurses at the naval hospital will need to be actively involved with other members of the health care team to evaluate patient care issues and develop methods to improve services.

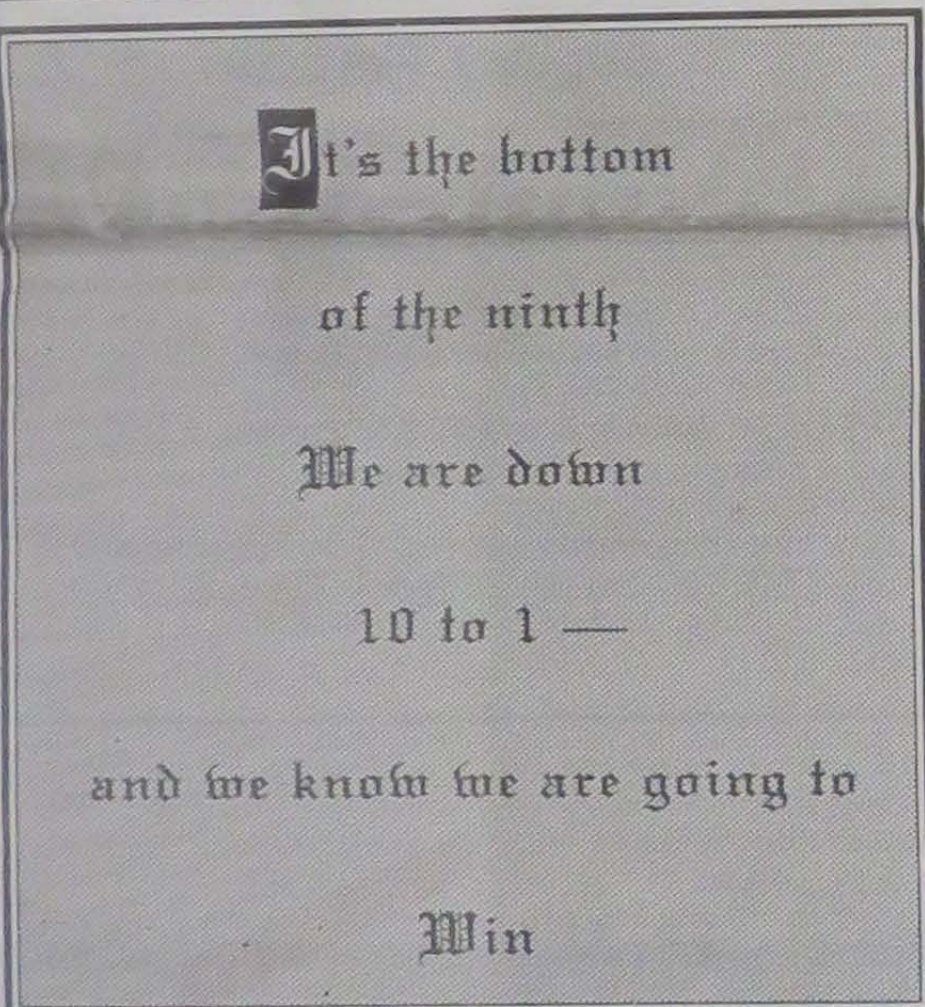
CAPT Sherrard is most and foremost a nurse. A Navy nurse to be sure, but she has nothing but praise for the nursing profession as a whole, military and civilian. Contract and Civil Service. "We've hired contract nurses to provide patient care, and they've done nothing but help us get better at what we do," the Nurse Corps captain said with conviction. "Most have a high level and wide range of clinical experience, and they help our young graduate nurses to be better just by working side by side with them."

She also gave the highest praise to the Civil Service nurses, emphasizing "they are the stable factor in all our military hospitals." In fact, she said it was a NAVHOSP Oakland Civil Service nurse who'd "been here for years" who taught her how to be an Emergency Room nurse during her first tour at the command. "I think they're an asset to a military hospital because the stability they provide as long standing employees is the touch they will always bring to patient care. Like the contract nurses, they have the same



CAPT Marcia Sherrard
Official U.S. Navy photo

CAPT Sherrard reserves a large share of her praise for those who are considered as the "backbone of quality health care in the Navy," the hospital corpsman.



This poem framed on the wall of CAPT Sherrard's office speaks a thousand words about her work philosophy.

Civilian personnel grievance procedures explained

Naval Hospital Oakland is a federal installation, and like all all other federal activities, it has three avenues of redress for its civilian employees. To address any matter of concern over which the commanding officer or activity head has control, an employee has the right to utilize the administrative grievance or negotiated grievance procedures. These two procedures are available through NAVHOSP Oakland's Human Resources Office's (HRO) site manager, Barbara Moore, located in Building 131.

When the grievance involves prohibited discrimination, it is addressed through the Equal Employment Opportunity (EEO) complaint procedure, as

directed by the U.S. Congress, the EEO Commission and the Office of Personnel Management. At NAVHOSP Oakland, the EEO office is located on the third deck of the main hospital, Rooms 3-16-6 and 3-40-5.

How does one determine which of the three avenues he or she should utilize? First and foremost is the determination by the employee: "What happened to me?" then: "Why did this happen to me?" and, finally, "What do I want to do about the situation?"

If prohibited discrimination is suspected, one must first understand what is prohibited by law. Allegations must be based on sex (gender), age (over 40), race, color, national

origin, non-disqualifying physical or mental handicapping conditions, religion or reprisal.

If the complaint isn't based upon one of above nine categories, then the matter should be resolved via the administrative grievance or negotiated grievance procedure.

One of the most misunderstood notions about these avenues of redress is the belief that EEO counselors represent the employee. Many times employees complain that they visit the EEO Office or speak to EEO counselors, stating "they didn't do anything for me." The truth of the matter is that EEO officials, including EEO counselors, are not employee or man-

agement representatives. They are tasked by the federal government to process complaints brought to their attention by a complaining party and to manage the complaints fairly and with neutrality. In addition, the burden of proving discrimination and the burden of establishing wrong-doing is the responsibility of the complaining party and his/her designated representative.

However, CAPT Sherrard reserves a large share of her praise for those who are considered as the "backbone of quality health care in the Navy," the hospital corpsman.

It's also great to be a Navy nurse, CAPT Sherrard added, because "in the Nurse Corps, you have an opportunity to be whatever you want to be," an opportunity not afforded civilian counterparts. As examples, the captain listed a wide variety of clinical practice assignments, staff positions in the Bureau of Medicine and Surgery or De-

partment of Defense, assignments with the Fleet Marine Force or selection as executive officer or commanding officer of a health care facility.

CAPT Sherrard's career is living proof of her faith in the Navy Nurse Corps. In 1991, she was selected through the screening process for a possible future assignment as an executive officer.

From a charge nurse stationed at NAVHOSP Oakland, she returns 11 years later as its director of nursing services. There's no greater testimony that a Navy nurse can indeed be "whatever he/she wants to be."

To file an allegation of discrimination, an employee has 45 calendar days from the date that an offense occurred, or from the date of an official personnel action, to contact an activity EEO counselor. A complaint may be filed only with an activity EEO counselor. The EEO

counselor has 30 calendar days to process the employee's complaint. They can be contacted by calling the EEO Office at (510) 633-5166-67.

Point of contact for administrative or negotiated grievances is Nathaniel Kimbrough of HRO, located in Building 131. He can be reached by calling (510) 633-6373. A civilian employee who has a question about grievance procedures or a problem with management that is not covered by EEO should call him for further information and/or advice.

Meanwhile, watch for the next issue of The Red Rover. It will give a more comprehensive overview of the systems available to federal employees for administrative complaints. (AMW)

Observance of Black History Month

February is designated National Black History Month to honor and recognize the many contributions African Americans have made to the United States throughout our history. It is also a time to remember the sacrifices our fellow countrymen and women within the Department of the Navy, both military and civilian, have made and the leadership they have provided.

Our theme for 1993 is "African American Scholars: Leaders, Activists and Writers."

By personal courage, honor and commitment, African Americans have overcome oppression and racial injustice to lead inspiring lives. Born into slavery in 1753, Phillis Wheatly was the first Black woman to

publish a book in America. Booker T. Washington ascended from his birth as a slave and life as a coal miner to become a teacher to a nation. The grandson of a slave, Martin Luther King, Jr., dedicated himself to the elimination of racial hatred and gave his life in the pursuit of that dream.

America has never wanted for African Americans who would willingly lay down their lives to defend freedom. The first American casualty of the Revolutionary War, Crispus Attucks, died while leading a protest against the injustices of British Colonial Rule. An escaped slave, he rests today in an integrated grave with four other patriots in the Boston Commons.

African Americans have served with courage and distinction in the Navy and Marine Corps; seventy-five have earned the Medal of Honor. USS Rodney M. Davis (FFG 60) was named for a Black Marine Corps sergeant who was awarded the Medal of Honor posthumously for extraordinary heroism at Quang Nam Province, Republic of Vietnam. Three other warships, USS Harmon (DD 678), USS Miller (FF1091) and USS Jesse L. Brown (FF 1089), were named in honor of African

American sailors who, with courage and valor, sacrificed their lives in the line of duty.

Preeminent past leaders of the Navy-Marine Corps team include Lieutenant General Frank E. Peterson, the first Black general in the Marine Corps, and Vice Admiral Samuel L. Gravely, the first Black admiral in the Navy. Distinguished naval leaders today include Vice Admiral Joseph P. Reason, Commander Naval Surface Warfare Atlantic; Rear Admiral Walter J. Davis, Jr. of Space

and Naval Warfare System Command; Brigadier General George H. Walls, commanding general 2nd FFSG and Rear Admiral Mack C. Gaston, Commander Naval Training Center Great Lakes.

By their personal example and dedication, African American leaders, activists and writers will continue to inspire and lead our nation into the 21st Century.

S/ADM Frank B. Kelso, II
Acting Secretary of the Navy

NHO will observe Black History Month Feb. 24

On Feb. 24, Naval Hospital Oakland will observe Black History Month with a program of dance, singing and poetry reading, starting at 11 a.m. in the Clinical Assembly Room.

In line with this year's theme honoring African American scholars, keynote speaker, Dr. Raye Richardson, owner of Marcus Bookstore, will share with the audience her experience of meeting the prominent Black writers who come to her bookstores in Oakland and San Francisco.

Other highlights of the program will include Naval Hospital Oakland Choir led by Earline Oliver, of Administrative Support Department, a litany in honor of Chief Justice Thurgood Marshall.

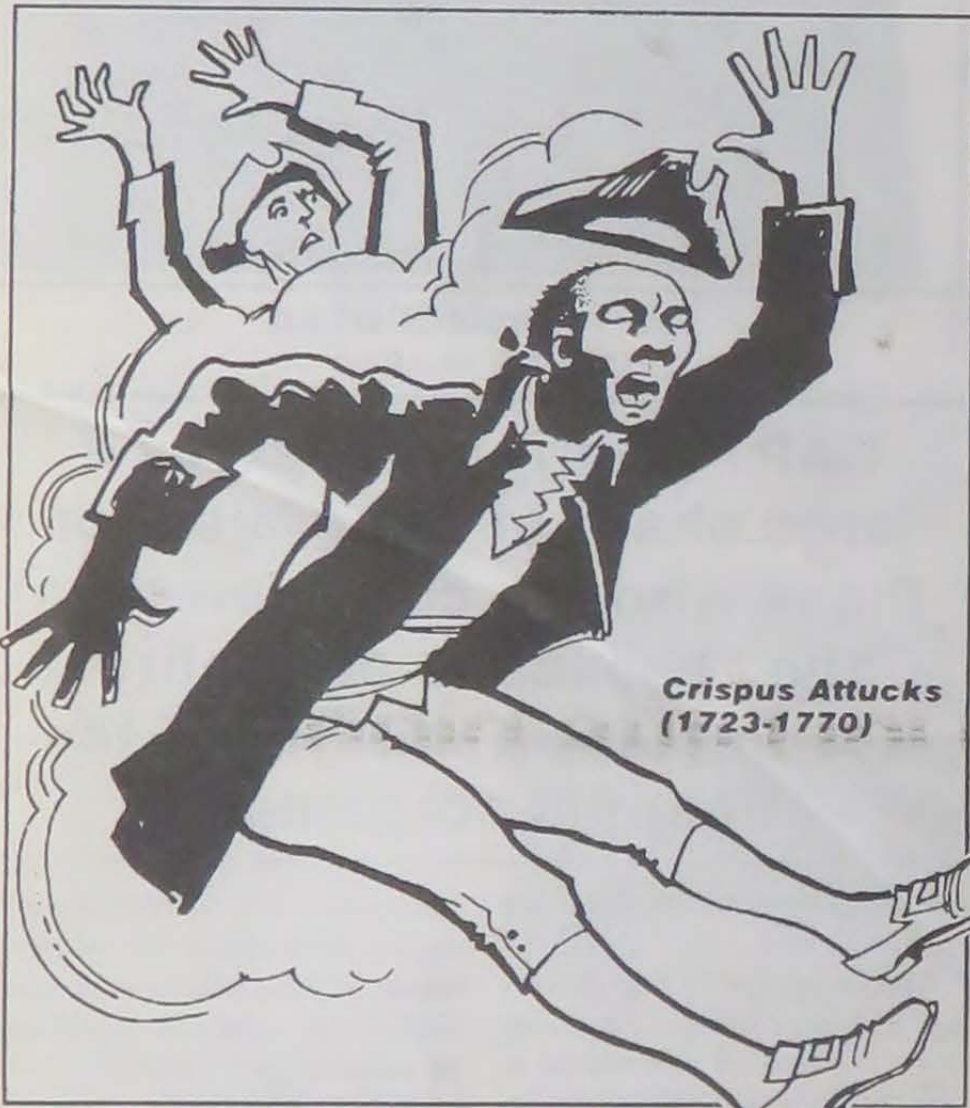
Invocation will be by Reverend Hawkins Dethel of Missionary Baptist Church and reservist at Naval Hospital Oakland.

HM2 KymYvette Jackson,

will serve as master of ceremony. HM2 Jackson is a technician in the Preventive Medicine Department.

Luncheon in the main dining room will follow, with a menu featuring African American culinary delights.

Crispus Attucks



Crispus Attucks
(1723-1770)

Wisdom, insight and devotion to the cause of freedom characterized this patriot's efforts. A self educated man, Attucks not only learned to read and write but studied the fundamental principles that underline different forms of government.

Killed at the Boston Massacre in 1770, he was the first American to die in a pre-Revolutionary War skirmish. He was buried with honor.

The National Naval Officers Association Bay Area Chapter

Cordially invites you to the

Annual Black History Month Breakfast Scholarship Fund Raiser

featuring

Janice Huff, KRON TV (Channel 4)

Bill Cleveland & The Creative Set Band

Sunday, Feb. 28

Naval Station Treasure Island
Nimitz Conference Center
Treasure Island

Donations: \$15 per person
Breakfast served at 10 a.m.

Military: Dress Blue or equivalent
Civilian: Informal

For further information call: LCDR M. Edwards; 3-5110,
(729-3843 beeper); LT Pamela Burns, 3-5117;
Lt Pamela Trahan, 3-5119.



Black History Month

When you're dragging your feet, kick up your heels

WASHINGTON (NES) ...Our forebears used to come home at the end of the workday exhausted from hard physical labor. Now, because our lifestyles have changed, we tend to come home mentally drained as a result of working sedentary jobs in stressful environments.

Another result of sedentary lifestyles is a tendency to be overweight which can lead to problems like adult-onset diabetes, hypertension, coronary heart disease and an unhealthy spine. For every 10 pounds of stomach weight, there is 100 pounds of pressure added to the spinal column—the result of the extra weight pulling the spinal column forward.

To make matters worse, your

oxygen-to-blood ratio (the amount of oxygen your blood delivers to muscles and tissues) naturally decreases after age 25, causing loss of energy and vitality. No wonder your feet are dragging.

There is one solution for all these problems. Exercise! Exercise boosts your blood supply of oxygen and gives your muscles a breath of fresh air. Exercise in conjunction with a reduction in calories can take that extra weight off. Exercise even protects your bones by causing them to retain calcium and by strengthening the muscles around them.

More good news: You can gain as much muscle strength at age 90 as you can at age 30.

Moreover exercise boosts self esteem and confidence.

Consult your physician for a prudent plan of exercise (and a diet plan if you need it). Then make exercise a high priority in your daily schedule. You may even be able to incorporate exercise into your existing routine by walking to work, taking the stairs instead of the elevator and riding your bike to the grocery store. You'll be surprised how expending energy for 30 minutes three to five days a week can boost your energy levels 24 hours a day, seven days a week; and you will be adding to the quality of your life.

Courtesy of the Seabee Center Courier, Navy Construction Battalion Command, Gulfport, Miss.

"STRESSED OUT"

You need to
EXERCISE



The mechanics of lifting can make your job easier

WASHINGTON (NES)...Back injuries are the most common type of industrial accident. That's because no matter what our jobs, we are constantly using our backs—to support our bodies, to bend, sit, twist, stand and even to lie down. All of these activities put stress on our backs, but lifting is the one that puts our backs at greatest risk.

When you lift, it's important to keep your back in balance and the weight close to your base of support, which is your legs. If you bend at the waist and extend your upper body to lift an object, you upset your back's alignment and your own center of balance. You force your spine to support the weight of your body as well as the weight of the object you're lifting. (At arm's length, an object

translates to ten times its actual weight for the spine to support.)

Use good lifting techniques to achieve balance: Bend at the knees and hug the object close to you as you lift. This keeps your back in alignment, keeps the weight close to your own base of support and allows the stronger muscles in your thighs to do the actual lifting.

It is equally important to remember not to twist while lifting. Straighten up first—using the thigh muscles—and then turn one foot at a time, so that your legs turn your body around.

No amount of brawn can substitute for good judgement. Look at the load to be lifted. Are you sure you can lift it alone? Is there equipment you can use to lift it or a dolly to transport it? Even if the actual

weight doesn't prohibit your lifting the item, is the load awkward or unwieldy? If the weight is spread out, it is impossible to keep the load close to your own base of support, and back injury can result.

You have a responsibility to your supervisor, your shipmates and yourself to use resources wisely. This means taking care of your own health by working smart as well as working hard. So size up the load to be lifted and use equipment or find a shipmate to help—it might take a few extra minutes, but that's nothing compared to the weeks it could take you to heal if you injure yourself.

(Courtesy of the Safety and Health Branch, Naval Surface Warfare Center, Wallops Island, Va.)

DoD lifts blood deferral for Desert Storm vets

Washington (NNS) — Effective Jan. 1, Department of Defense has lifted the ban on blood donations from military personnel who served in the Persian Gulf area.

The ban was ordered in November 1991 to reduce the risk of transmission of leishmaniasis, a parasitic infection caused by the bite of a sandfly.

During the 14 month deferral period, no scientific evidence was found to conclude that the viscerotropic, or internal, form of the infection posed a threat to the blood supply.

Twenty-eight cases of the infection were confirmed in U.S. personnel who served in operations Desert Shield/Storm. Out of those cases, 11 the internal form of the infection and the other 17 had the cutaneous or skin disorder variety. There have been no cases where the infection has been transmitted throughout the blood supply.

Dod will continue to screen personnel interested in donating blood and blood already donated by military personnel for the infection. (Story by Navy Medical News Service)

Continued from page one

Senior Sailor of the Year

tory on-hand in the Pharmacy by \$700,000 in the last fiscal year through aggressive stock management, wall-to-wall inventories, in-depth quality control and stock rotation.

He has obtained, free-of-charge to Naval Hospital Oakland, pharmaceuticals in excess of one million dollars in the last fiscal year through consistent communication with other facilities offering excess medications.

As the departmental training petty officer and instructor for advancement classes, he developed a computerized advancement study guide and test that has enabled the Pharmacy Department to have the highest rate, 35 percent, at the hospital.

Additionally, he is a member of the First Class Petty Officer Association, Command Retention Team, Command Entertainment Committee, and was the Chairman of the 1992 Hospital Corps Birthday Ball Committee.

Zuckerman's personal accom-

plishments certainly are the positive factor in the arduous selection process for Senior Sailor of the Year.

But Zuckerman gives credit to the people in the Pharmacy Department for his success. "I would not be able to accomplish that much if it were not for the support of the junior and senior people in the Pharmacy," he said modestly.

His accomplishments are not just in the Pharmacy Department. He recently obtained his Masters Degree in Public Administration from JFK University in Orinda, Calif., during off-duty time.

His immediate goal is to make chief and then maybe become a limited duty officer.

He likes to spend his spare time with his wife, Judith, and their one and a half-year-old son, Edward, in San Leandro, Calif.

Zuckerman has been in the Navy close to 10 years. He joined the Navy for excitement and the various duty stations that are available. He began his career at Great Lakes

where he attended Basic Training and Hospitalman "A" School and then to Pharmacy Technician "C" School at Portsmouth, Va.

His past duty assignment include Naval Hospital Oakland (1983), USS Midway (CV-41) and Branch Medical Clinic, Port Hueneme, Calif.

Zuckerman has been awarded the Sea Service Ribbon, National Defense Medal, Armed Forces Expeditionary Medal, Good Conduct Medal with one bronze star, Meritorious Unit Commendation with one bronze star, Battle E, Navy Achievement Medal, and is authorized to wear the Enlisted Aviation Warfare Specialist pin.

HMC Marty Manalastas, leading chief petty officer of the Pharmacy Department, describes Zuckerman this way. "He is one of the hardest worker's I've ever met. I do not have to worry about something not getting done because I know, with Zuckerman on the job, everything is smooth sailing."

Continued from page one

Junior Sailor of the Year

medicine best fit my personality." HM3 Tapps' caring carries over every phase of her life. She has been happily married for 14 years and has four children — her 16-year old nephew, Chadric Jones, 13-year old Rochelle, 12-year old RoShawn and 11-year old ReSheka.

On the question of leadership: "I think a leader demonstrates by showing — not telling — people what to do," she explained, adding that her ideal is the kind of leadership she sees displayed at the Physical Therapy Clinic. "They made me what I am," she stressed. "This is my first exposure to patient care,"

she said about the clinic and its staff. "They taught me everything I know. My skills, my bedside manners...I've learned them all from the exceptional staff in Physical Therapy.

On the personal side, she's hard at work getting a bachelor's degree because she'd like to apply for medical school at the Uniformed Services University of Health Sciences (USUHS) in Bethesda, Md., in order to accomplish her long-term goal of retiring from the military as a Medical Corps Officer.

Bravo Zulu HM3 Tapps, you're on your way. Good luck and best wishes for a star spangled career.

Chaplain Corner

The presence of God

By LT Francis E. Walsh, CHC

I had read about the beauty of Lake Merritt before I came to the area. I resolved that I would take time one day to locate it off busy Interstate 580 on which I travel every day. One day I exited off 580, not to look for the lake, but to take care of some business in downtown Oakland. What a surprise I experienced when there before me, almost alongside Highway 580, was beautiful Lake Merritt. I had been passing by the lake every day for the seven months I had been at the hospital without ever seeing it. I was too busy to take time to exit off the highway for even just a few minutes to find the lake. The demands of driving attentively did not permit me to glance in the direction of the lake to see it from the highway.

On that day when I saw the

lake for the first time, as I sat in my car parked by the lake, I reflected on the similarity of my experience to life, especially in regard to our relationship with God. St. Paul beautifully reminds us that, in God, we live and move and have our being. Yet how aware of God we? So often we do not take the time to be aware of his presence. The immediately visible and tangible occupy our attention. The

visible and tangible, however, are not all that exists. Even though I did not see Lake Merritt for months, it existed nonetheless.

One might ask what difference does this make? The busy very practical person involved with what is judged as important to life may conclude that never to have seen Lake Merritt really is of no consequence. That person may believe the

same concerning giving time and attention to God. It is very difficult to prove to someone the importance of the invisible and tangible without his or her personal experience of them. For me, Oakland was a nondescript city until I saw it in the perspective of Lake Merritt. As I sat in my car, beside the lake, an otherwise typical nondescript urban scene beyond the lake was transformed into something beautiful and memorable.

Just as my lack of awareness of Lake Merritt for so many months, despite its reality and its proximity to my daily routine, parallels the lack of awareness of God's omnipresence, so the very positive experience of the discovery and observation of Lake Merritt could be regarded as an image of what happens when one gives attention and time to the Presence of God. The experience of life as sad, ugly or just simply boring and routine can be transformed into

something beautiful and meaningful when the presence of God is seen in the midst of it. There is nothing which equals God's presence. To neglect the presence of God is, as it were, to condemn oneself to the tension and boredom of perpetual travel on Interstate 580. It was necessary to take the time to exit off the highway to discover Lake Merritt and to sit attentively to experience the transforming effect of its beauty. Similarly, it is necessary to take time and to give attention to the presence of God to experience the transforming effect of that presence. We have a Lake Merritt, as it were, in the middle of our busy hospital. It is our Chapel of Hope, especially when the various religious services are conducted there. The upcoming season of Lent would be a very good time to experience this truth.

I invite all of you to share the experience with us.

Vehicle Processing Center information

By Norm Medland,
Deputy Public Affairs Officer
Military Traffic Management
Command, Western Area
Oakland Army Base

Military service members and DoD civilians assigned in central Western states, such as Texas, Colorado and Oklahoma, when shipping a privately-owned vehicle (POV) overseas from the nearest Vehicle Processing Center (VPC), won't need to travel to New Orleans for drop off of their POV. Others shipping from overseas can designate the Dallas VPC for POV

pickup if it's more convenient.

The VPC-Dallas opened Feb. 1st near Dallas-Fort Worth International Airport. Operating hours are 8 a.m.-4:30 p.m., Monday-Friday, except federal holidays. No emergency after hours service is offered. Telephone number is (214) 436-6474, FAX, (214) 436-8662. There is no overnight lodging at VPC-Dallas, but there are several motels close by.

The VPC is located at 617 East Main Street, Lewisville. Taxi service is available between DFW International Airport and the VPC-Dallas. Government transportation is not authorized, nor available, for the purpose of picking up

or turning in a POV.

When going from the airport, take Highway 121 approximately 10 miles North, exiting at Main Street. The VPC is located less than one mile farther, on the right hand side of Main Street, adjacent to Railroad Street. When coming from other directions to the VPC, use the Highway 121 North exit from Interstate 35E.

Contractor-owned-and-operated, the VPC-Dallas is monitored by the Military Traffic Management Command's 1312th Medium Port Command, Compton, Calif. Formerly, this was called Southern California Outport.

The office building is large

enough to house administrative offices of the contractor's staff, two full-time government employees, plus enough space for customer amenities, a child's play area, diaper changing room and a customer lounge.

Information about service stations, catalytic converter removal/refit facilities, car washes, hotels,

restaurants, auto warranty repair location and towing services are available at the Dallas VPC.

Other Vehicle Processing Centers are at Long Beach and Compton, Calif. (both in the Los Angeles area), New Orleans, La., Cape Canaveral, Fla., North Charleston, S.C., Norfolk, Va., Bayonne, N.J. and Baltimore, Md.

Veterans may get speedier service

American Forces Information Service—Service and Department of Veterans Affairs' officials hope an Army test will speed veterans' eligibility for VA benefits and services.

**Formerly,
medical files
were kept with
personnel
records, and
made several
stops before
reaching VA,
taking an average of 65 days.**

The test program speeds up transfers of active-duty retirees' and separatees' medical and dental records to VA.

On Oct. 6, the Army began sending soldiers' health records directly to VA within five working days of their release from active duty. Formerly, medical files were kept with personnel records, and made several stops before reaching VA, taking an average of 65 days.

An Army manpower official

said if the test program works well—if it speeds veterans' benefit processing without reducing readiness—the other services will begin phasing in the new procedure. The Navy is slated to be next in line after the six-month Army test period. He said more than 5,000 soldiers' records have already been sent on the new schedule.

In other news affecting veterans, President George Bush signed the Veterans Health Care Act of 1992 into law Nov. 4.

One provision establishes a VA health registry for Persian Gulf War veterans. Any Gulf veteran requesting a complete physical examination from VA can get one. The results will enable VA to learn more about potential health problems resulting from the Kuwait oil well fires.

Another provision authorizes VA to provide counseling to women who are sexually assaulted or harassed during their military service. Still another authorizes VA to help states construct nursing homes and retirement residences for veterans.

The legislation also gives a break to disabled veterans' family members: It extends a respite program under which disabled veterans living at home are hospitalized for short periods to give their caregivers a rest.

ATTENTION ALL HANDS!

Media relations guidance

Recently, the nation's media has focused on the Navy for several reasons. Locally, the Public Affairs Office has been queried for permission to come on board NAVHOSP Oakland's compound to speak to sailors about the news items. Since these incidents do not have a direct impact upon this command or its personnel, these requests have been denied. The more tenacious reporters then resort to approaching sailors off the compound.

Please remember that when in uniform, or when you are identified as a sailor, you represent the entire United States Navy. If you are contacted by the media for any reason, please contact the Public Affairs Office for guidance. Point of contact is the public affairs officer, Mike Meines, who represents NAVHOSP Oakland, its tenant commands and branch medical clinics. He can be reached at (510) 633-6146.

Sealant is the definitive answer to tooth decay

By LT Tim Ngo, DC, USNR

Despite recent advances in professional dental care, dental disease remains a chronic problem throughout much of the world. In the United States alone, 98 percent of the population is still susceptible to some form of dental disease.

Studies show that by the time the average child enters school, around age 6, three surfaces of primary teeth are already decayed or filled. Researchers have long known that plaque — the sticky, colorless deposit of bacteria that constantly forms on the teeth — is the main culprit in the decay process. But they've also learned that removing plaque through brush-

ing, flossing and regular professional cleaning may not be sufficient to prevent dental caries.

Fluoride use has prevented the severe, widespread development of caries that once was commonplace; however, fluoride is not 100 percent effective. It is least effective on the back teeth. The problem

A sealant is a plastic material that acts as a barrier to protect the decay-prone area of the back teeth from bacteria and their harmful acids.

is that the back teeth's chewing surfaces contain tiny grooves called pits and fissures. These natural depressions often trap harmful bacteria that even a toothbrush bristle cannot reach. To combat the problem, a preventive material called pit and fissure sealant has been developed to protect these cavity-prone surfaces. Pit and fissure sealant was first used 15 years ago, and today many dentists routinely use sealant on children's teeth.

The American Dental Association (ADA) has recognized the importance of sealant, and recommends it for all children. To-date, 58 percent of dentists are known to use sealant, and this percentage is expected to rise as the public becomes better acquainted with this important and relatively new preventive technique.

What is sealant and how does it work? A sealant is a plastic material that acts as a barrier to protect the decay-prone area of the back teeth from bacteria and their harmful acids. The greatest advantage of sealants is their non-invasive property when applied directly onto the tooth surface. It eliminates the need of having a dentist drill the tooth structure.

Children are the best candidates for sealant, especially for their newly erupted permanent teeth. Sealant can provide underlying tooth surfaces with complete protection from decay for several years; however, they should be checked regularly to determine if the sealant is needed.

Sealant plays an important role in preventing tooth decay. Clearly fluoride keeps caries at a controllable level, but the additional sealant application could end problems of tooth decay.

choices, including potato bar, soup tureen and tuna or turkey salad, in addition to the ever-popular salad bar.

* Look for special nutrition activities in March celebrating National Nutrition Month. Your ideas for information desired or special events should be directed to LTJG Barbara Ragan at (510) 633-5432.

* A Food Service Advisory Board, comprised of 12 active-duty enlisted members charged with providing recommendations to the Nutrition Services Department, has been established. Suggestions for enhancing the meal service can be made to this group by contacting its chairman, HMC Renato Ramirez, of the Health Promotion Department, at (510) 633-8852.

We hope to improve services while working within the current financial and manpower restraints. Your assistance would be appreciated. Suggestions can be made directly to the Nutrition Services Department through our satisfaction survey or by talking with me or with MSCS Rogel Pascua.

By LT Teresa Priboth, Head, Nutrition Services Department

The Nutrition Services Department is the new name of the Food Management Department. This name was selected because it indicates the breadth of services offered by the department, from dining room service to patient care services. In addition to the new name, the department is currently offering the following new services for its dining room and patient meal services:

* Fresh bakery products are cooked every week night including such favorites as dinner rolls, cinnamon rolls, cakes, pies, cookies, biscuits and French bread. Muffins are coming soon.

* Healthy alternatives are being added to the menu, including scrambled eggs and omelets with half the fat and cholesterol, baked potato bar, breakfast yogurt and low-calorie salad dressing.

* A quick Lunch Bar is available to expand self-serve lunch

Navy Family Service Center Alameda offers a variety of classes

Childcare seminars

Family Service Center, Branch Medical, Navy Marine Corps Relief Society, NAVCARE and Naval Hospital Oakland have joined talents to present "The Child You Save May Be Your Own" which will cover child safety and emergency care on Wednesday, Feb. 17, 1993 6:30-8:30 p.m. at the Family Service Center. On Wednesday, Feb. 24, 1993 "Mumps, Bumps and Lumps" which will cover caring for a sick child and when to seek medical assistance will be presented. These entertaining and informative seminars are free of charge. Vouchers to cover child care costs will be given to those registering in advance. For both seminars, refreshments are being provided by the Carl Vinson Officer's Wives' Club. Call FSC at 263-3146 to let us know you're coming or if you are interested in future planning.

Car buying

Stop! Look! Listen! Think! before buying that car..."Car Buy-

ing Strategies" is a class you won't want to miss if you are considering buying a new or used car in the near future. Acquire the knowledge necessary to make an informed car buying decision. Call early to register. Thursday, Feb. 18, 6:30-8:30 p.m.

Home buying

Tips and traps of home buying. This seminar will answer many of your questions. There will be a real estate specialist to discuss the Tips and save you from the traps of home buying. Thursday, Feb. 18, 6:30-9:30 p.m.

Recovery group for men

A confidential group for men who were abused as children is being developed. It is open to adult men who want to overcome their experiences (i. e. psychological, verbal, physical or sexual.) For further information and to register for the group, please call Jon Seirup or Jerry Solt at (510) 263-3141.

Food Management Department changes name

Oak Knoll Briefs

Oak Knoll's cancer training program certified by ACSC

NHO Teaching Hospital Cancer Training Program has been approved by the American College of Surgeons' Commission. The hospital's Tumor Registry received a three-year Approval Certificate for the period 1992-95.

LVN Board Requirements

Did you know that the requirements for challenging the boards only requires one year of PATIENT CONTACT. Patient contact includes any clinic in which you have any type of patient care, including pre-screening (i.e. checking-in patients for appointments), vital signs etc. Call for your package today, all you have to lose is \$20.00 an hour and a great feeling of accomplishment. Point of contact for further information is HM3 Rebekah Simmers, LVN at 633-4937 or page her at 810-7357.

Stop smoking classes available at NAVHOSP Oakland

The March stop smoking seminars will be held on the 3, 10, 17, 24 and 31, for anyone interested in "Life Without Tobacco" for smoking cessation or chewing tobacco cessation. The addicting effects of nicotine will be discussed in addition to the Naval Hospital Oakland nicotine replacement program for the transdermal nicotine patch or nicotine gum.

Presenters RN Aggie Freeman and LCDR Paul Savage, MC, will answer attendees questions. An active-duty member who has participated in the NHO program will be a guest speaker. Class is open to all who want support to stop smoking. Classes are free.



No consult is required. A commitment to attend six two-hour classes in one calendar month is necessary.

Information will be given on "Fresh Start Plus" an American Cancer Society Program that is Navy specific. These classes are sponsored

by the Patient Education and Internal Medicine Department and the Wellness Department in Preventive Medicine/Occupational Health Dept.

ACTIVE DUTY may contact HM2 Boholst of the at ext. 3-8851 to enroll. A walk-in clinic for active duty in uniform with their medical record is held 8 to 9 a.m. in the Internal Medicine Dept., Room 448R, Patient Education, on Tuesday and Thursday mornings.

PHYSICIANS may refer by consult to Patient Educator, RN Aggie Freeman 9-801-5545 (beeper) or ext. 3-5375. Her office is Room 448R, Fourth Floor, Internal Medicine Department.

Patient Appointment System

To schedule and cancel all clinic appointments, call (510) 633-6000, Monday through Friday, from 8 a.m. to 4:30 p.m. No more busy signals!!!! Speak directly with an appointment clerk.

Class I -

The Nicotine Patch, The Smokers Triangle Health Benefits of Smoking Cessation

Class II -

"Why Quit Quiz" RN Freeman, Dr. Paul Savage Cold Turkey & Tobacco Free Why I Smoke

Class III -

The Big Sell/Advertising The Tobacco Pandemic - CAPT David Moyer, MC

Class IV -

Managing Stress Without Nicotine

Class V -

Stop Smoking, Stay Trim

Class VI -

Staying Quit, Handling Relapses Graduation

Plus and Minus



by mike meines

Recently, I had the opportunity to attend a conference in San Antonio, Texas. I really don't mind these conferences...my only problem is that they will not allow me to take a cab or a train. The government insists that I fly. I am used to doing the impossible; however, flying isn't something

that I can do on my own. That leaves one alternative. An airplane. A 980-ton steel contraption that will soar above the clouds carrying myself and as many poor schmucks as they can cram into those tiny seats. Back when I was young and foolish (last Tuesday), when I thought of flying, I had visions of smooth, graceful, lightweight birds.

It seems that every time I take a trip, the news is full of tragic events in the sky. Near misses. Little planes hitting big planes. Engines falling off. Radar malfunctioning at major airports. The weather.

Whenever I mention my apprehension, I get the same responses from my friends...

"Flying is safer than walking across the street."

"You have a better chance of getting mugged than dying in a plane crash."

What are they saying? If I had a choice of how I would depart this earth, I really don't think it would be to hurl myself at 450 miles an hour against a mountain. Getting hit by a car

or being mugged wouldn't be real high on the list either...however, if I was forced to choose, those two options would be higher on the list than the first.

Of course, when you have this fear of airplanes and flying, you are sensitive to everything.

I was flying to San Antonio by way of Salt Lake City.

When I arrived at the San Francisco Airport, the little TV monitors told me that my flight to Salt Lake City was delayed, so I went to see the clerk at the counter.

"What's with the delay?"

"Well sir, it's the weather in Salt Lake City. It should blow over in about two hours."

"Who told you that?"

"The Weather Service."

"Right." (These are the same guys who required me to shovel six inches of 'partly cloudy' off my driveway when I lived in Seattle)

After the delay, we finally got underway for Salt Lake City and it's a relatively smooth flight. The weather miracu-

lously is clear and the landing is gentle. (Yea Weather Service!) However, because of the delay, my connection is scheduled to leave in approximately 30 seconds.

I do my best impression of O. J. Simpson through the airport and come flying up to the gate...

I get on the plane and try to catch my breath...so far, so good. We actually get off the ground and are winging our merry way to San Antonio.

About twenty-five minutes prior to touchdown, the sky lights up really, really bright...right outside my window!!

The plane starts lurching and bouncing...causing the mystery meat surprise and the bottle of beer on my tray to rise up in the air and make a two point landing on my lap.

Boing.

"The Captain has turned on the 'fasten your seat belt' sign. Please fasten your belts and remain in your seats."

Boing.

"This is your Captain speak-

ing. We are experiencing some minor turbulence. San Antonio is in the middle of a thunderstorm and the tower has diverted us to Houston...however...due to a shortage of fuel, we will have to attempt the landing. Please refer to the emergency cards located in the seat back pocket in front of you..."

I couldn't find the card but I did manage to locate one of those useless pillows that they provide and I ate it.

The Captain did a remarkable job in landing the death machine but two days later, I had to fly back.

Later, Baby!

PERSONALS:

Chris: Look up the B word again.

LT Gregerson: I will purchase the ferry tickets so we can attend the parade.

AA Cameron: Welcome aboard. It will be a wild ride.

CAPT Pollack: Where are you?

HMCS(SW/AW) Chapman: Ready? Let's get started...whatta you say?

Mom: This IS a real job!

News from Tickets and Tours

Wild Card half off winter discounts

Visit Marine World Africa USA this winter through March 28, 1993, and save half off general admission prices with your Wild Card! Just present your card at the time of ticket purchase.

Adults: Regularly \$21.95; with Wild card \$10.95 or an \$11.00 saving!

Children (4-12) \$15.95 regularly; with Wild Card \$7.95 or an \$8.00 savings! Tots 3 and under: Free. Your Wild Card also saves \$2.00 off The

Winchester Mystery House estate tour in San Jose.

Tickets & Tours has Wild Cards available. In order to receive half-off-price, tickets must be purchased at Marine World. Stop by Tickets & Tours, Bldg. 38, 2nd deck, for further information.

Disneyland

The original - where the magic began. And where it keeps on growing! The park has welcomed over 300 million guests from all over the world to experience the excitement and wonder of Disneyland.

Featured at Disneyland are more than 55 marvelous attractions, including the wildest, most thrilling mountain range around. The Matterhorn Bobsleds, Space Mountain, Big Thunder Mountain Railroad and Splash Mountain are only a few of the exciting adventures in

store.

But that's not all !! for the first time in 20 years, a land is being added to Disneyland.

"Mickey's Toon Town," the permanent home of Mickey Mouse and all of his friends, will make his debut in 1993. Covering nearly three acres,

"Mickey's Toon Town" gives cartoon lovers a chance to visit their favorite Disney Characters at home.

Passports for Disney - Adults: 1-day \$24.50; 2-day \$43.85; Child: 1-day \$19.65; 2-day \$35.20 available at Tickets & Tours.

Skyline/Oak Knoll partnership



On Nov. 5, 1987, RADM Robert Toney, then Commander Naval Station San Francisco, authorized Naval Hospital Oakland to adopt Skyline High School Science Department in what came to be known as Oak Knoll/Skyline Partnership Program. Since then, the hospital staff has developed a program that not only enriched science education at the high school, but also integrated hospital resources into the science curriculum. The program consists of lectures by the hospital staff on various medical topics together with demonstration tours throughout designated area of the command's medical services.

In January, CAPT A. Herbert Alexander, chairman of NAVHOSP Oakland's Orthopedic Department spoke to the Science class. He is shown here at the microphone (left) while students take down copious notes. (Official U.S. Navy photos by A. Marechal-Workman)



1992-93 basketball takes off

By AA Kevin Cameron

The six-team intramural league is winding down to "crunch" time. With only four weeks remaining, teams are battling for the top spots going into the playoffs. The standings as of Feb. 5th, are:

on Tuesday and Wednesday nights, with games starting at 6:30 and 7:30 p.m. and admission is free. The top four teams at the end of regular season will advance to the playoff rounds beginning March 3, with times to be announced.

The team taking top honors will also represent Naval Hos-

Team	Wins	Losses	Percent
MWR "Slashers"	11	2	.846
Lab	10	4	.714
BEQ	9	5	.643
Pharmacy	9	6	.600
Neuro Psych.	2	12	.143
Phys. "Terrorists"	1	13	.071

With six games remaining, the MWR "Slashers" are the team to beat. But the Lab, BEQ and Pharmacy teams aren't conceding anything.

Games are held in the Gym

pital Oakland in the 1993 Central Pacific Sports Conference Championships to be held at Mare Island Naval Shipyard, March 20 through 27.



The Red Rover

The Navy's first commissioned hospital ship

Vol. 5 No. 3

Naval Hospital Oakland, California

March 5, 1993

March 5th marks 122nd birthday of Navy Medical Corps

CDR Franklin Nelson, MC, USNR A surgeon on the cutting edge

By Andree Marechal-Workman

Sports medicine and ice skating are two elements that define the life of Commander Franklin Nelson, MC, USNR, director of Naval Hospital Oakland's Surgical Clinic. He started figure ice skating when he was 12, won a Midwestern men's single competition in 1948, branched out into ice dancing and, in 1956, placed seventh in the World Championship's Ice Dancing event.

"I was in the Navy as a line officer at the time," Nelson recalled. "I'd been in Naval ROTC at Harvard College in Boston, and [the Navy] allowed me to skate in the World Championship."

Judging and medicine came later, after medical school, when the native of Tulsa, Okla., could no longer compete. One thing led to another and, on March 2, 1993, Nelson left for Prague, Czechoslovakia, to judge in the 1993 World Skating Championship and serve as medical advisor to the championships.

Nelson has judged "pretty much anyone you can think of: Debbie Thomas, Dorothy Hamill, Scottie Hamilton, Janet Lynn, Peter and Kitty Carruthers..." but it is "the great British skater, John Curry" who stands out in his memory. "It was in 1976, in Innsbruck, Austria, that he won his Gold Medal," Nelson said, articulating the qualities a judge explores when looking for an ice skating champion. "...Someone who does difficult movements and makes them look effortless...sustained strength mo-



CDR Franklin Nelson, MC, USNR, reminisces about his experience as an Olympic ice skating judge. (Official U.S. Navy photo by A. Marechal-Workman)

tions with jumps and rotations interspersed with very accurate, very creative maneuvers." He said Curry had all those qualities in addition to being "a very introspective, very witty and very charming young man." He added that Curry is one of only two skaters he saw in person to whom he would have given a perfect mark of six. "The other one is Brian Boitano who won a Gold Medal in Calgary, Canada in 1988."

Sadly, John Curry is dying of AIDS, Nelson said.

Another thrilling memory is

Scottie Hamilton's performance in 1984, in Sarajevo, Yugoslavia — a memory particularly poignant because Nelson remembers how kind the people of Sarajevo were to the athletes and particularly to the Americans. "They were all together, Serbs, Croats, Muslims," he reminisced. "I made two trips to Sarajevo, and at neither time was I aware of the obvious undercurrents of ethnic dispute that's come to the forefront."

Dr. Nelson is a humanist — a surgeon to be sure, but one who thinks in terms of what he calls

"the dimension of time." Tucked away on a corner wall in his office is a reproduction of Rembrandt's "The Anatomy Lesson," a 16th Century masterpiece "so anatomically accurate" which he bought in a small museum at The Hague in Holland, after contemplating the very inspiring original.

At times, the humanistic side of his personality causes him grief; for example when he was criticized for speaking against the United States's boycott of the 1980 Summer Olympic Games. "I felt that it was a defeating gesture," he

explained, since the purpose of this international event is to promote good will among young people of various countries."

But this didn't daunt the compassionate physician one bit. In 1989 he applied for reappointment in the Navy reserves, and he came to Oak Knoll in April 1990 — just in time to be deployed to the Persian Gulf aboard USNS Mercy (T-AH 19). There was no ice skating competition to judge there, but he found he couldn't escape from his avocation when, on an ice rink in the middle of a shopping center in Dubai, United Emirates, he spotted an old friend, skating coach Atoy Wilson. Half way around the world, this meeting was as unexpected as it was incredible, the commander said, and skating is what made it happen.

"He goes to great extremes to be polite to everyone while maintaining his supervisory posture," said the Surgical Clinic's patient contact representative, Andre Khougaz. "He is one of the most approachable human beings I've ever met. I admire him and find myself emulating his faultless demeanor — a great humanitarian!"

On the question of sports medicine, Nelson is very proud to be one of three medical advisors, serving as physicians and overseeing "the drug control studies that are required from the International Skating Union and the International Olympic Committee."

As a parting comment, Dr. Nelson has this message for young people who are looking to sport as an avocation. "Select something that you enjoy doing and can do regularly, something you might enjoy throughout your lifetime. It can be very rewarding."

Nelson is married to the former Polly Reid of Connecticut. They have two adult children, Douglas Reid and Whitney Anne Nelson.

In Memoriam

1965 - 1993

HM3 Clive Allen

In the Blink of an Eye (for HM3 Clive Allen)

I looked for you this morning
and you were gone.
The sun went behind a cloud
and the rain fell.
You won't be back
and that's hard to face.
Your smile and lilting accent are
just a memory now.

Your bright, cheerful smile
touched many lives.
Eyes not used to crying
are red and swollen.
Your desk and chair
sit forlorn and empty.
I keep waiting for you
to bounce into my office.

You'd complain about needing

to lose inches off your
already flat stomach.
Maybe you'd look at my painting
and tell me again
how much you love it.
With a sparkle in your eye, you'd
dump work in my in-basket
and
wait for my vampire sign.

In the blink of an eye
you were taken from us.
We never had a chance to
say good-bye...
to tell you how much we loved
you...
to hug you, shake your hand...
or any of the many things we
would want to do.

In the blink of an eye
you are but a wonderful, sweet
memory.

Good-bye dear friend, and may
God's grace
grant you a gentle, peaceful
sleep.

—a friend—

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March is International American Red Cross Month

Oak Knoll Viewpoint

Which doctor at NHO best exemplifies the ideals of the Navy Medical Corps?

Official U.S. Navy photos by LaRell Lee

HM2 Dani Dantes
ENT Department



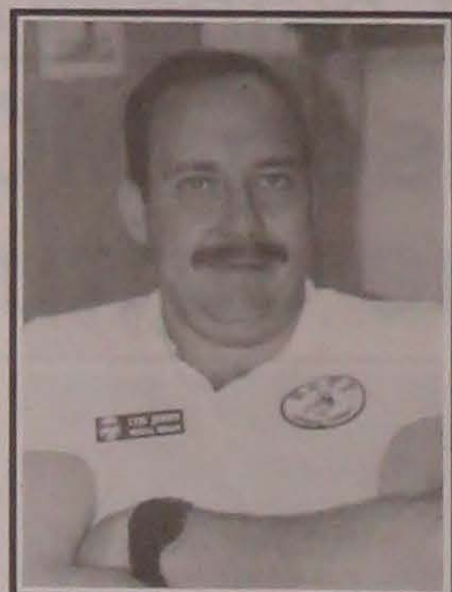
"CAPT Clarence Strom (ENT Department). He always cares about the patients first. He leads by example and loves the Navy very much."



Inge Watson
Internal Medicine

"CDR Elleston Rucker (Internal Medicine Division), because he is always courteous and friendly to patients and employees."

LTJG Doliz A. Jensen
Physical Therapy



"LCDR David Adkison (Orthopaedics Department) because of his ability to work well with other departments and genuine patient concern. I also feel that he's a good Navy representative; for example, when he spent time in Somalia."



Dee Jenkins
Secretary, Anesthesia

"Of course, CDR Stephen Carlson of the Anesthesiology Department. As chairman of the department, he leads the department through professionalism."

IC3 Kim Becker
Supply,
Patient Administration



"LCDR David Llewellyn (Neurology Division), because he treats people with a lot of care and he is very concerned about people's medical problems. I have never met a doctor with a bigger heart than him."

From the Command Senior Chief



HMCS (SW/AW)
G.D. Chapman

A big "BRAVO ZULU" to all of the local Sailor of the Year selectees: HM1(AW) George T. Zuckerman from the Pharmacy on his recent selection as Naval Hospital Oakland's Senior SOY and the regional COMNAVBASE'S Sailor of the Year, HM3 Hattie Tapps from Physical Therapy for her selection as Naval Hospital Oakland's Junior SOY; HM2 Philip Dauernheim for his selection as the Naval School of Health

Science's SOY and HM1 Maura Mooney for her selection as Branch Medical Clinic Centerville Beach's SOY. And not to be forgotten, congratulations to HM1 Odessa McGahee of Respiratory Therapy for her Selection as Sailor of the Month for January 1993. Keep up the good work everybody! There are a lot of great things happening out there, the number of SOY's and SOM's is proof that the enlisted community must be conducting workshops on how to do it right!

Listening Box

In response to a recent note in the Listening Box about the frocking of E5 and E6 personnel, there are many ways to frock personnel in small commands. These people may be notified and frocked immediately. I made the decision to frock and advance E5 and E6 personnel on the first increment Jan 16, for a number of reasons. First, it provides time for all personnel to update and change their uniforms; secondly, it saves the

Personnel Department the task of having to do paper work on all servicemembers who are being frocked early then also advance them on the first increment.

In keeping with naval traditions and supporting our own team, new third class petty officers have the benefit of being advanced with E5 and E6 personnel. If anyone has any suggestions for different ways to conduct frockings, please feel free to come by and we can evaluate your ideas.

Extreme caution

In a final note: I cannot emphasize enough the need to exercise extreme caution while operating a car or motorcycle. The untimely and unfortunate loss of our shipmate, HM3 Clive Allen, brought the effects of an accident close to home for all of us. HM3 Allen, a very talented, cheerful and hardworking sailor who loved life and the Navy, will truly be missed.

As always, I have an open door policy, so stop in if you need anything or have something to share.

Motorcycle safety

How much respect is needed for motor vehicles and driving safety? The average person spends little or no time thinking about the consequences of operating a car, truck or motorcycle. Perhaps the most dangerous is the motorcycle and the false sense of security that comes with it. All of us at one time or another have ridden a bicycle; either as a child for fun and amusement or as adults in need of transportation. Unfortunately, the two wheels are the only similarities. Too many of us just jump on without any care given to safety and equipment. As with almost all military activities, there are specific guidelines that must be adhered to to operate a motorcycle safely. These guidelines are set forth in OPNAVINST 5100.12F. A long title that simply gives the safest means of using a motorcycle.

Every person in the military must complete the Motorcycle Safety Foundation's Motorcycle Rider Course-Riding and Street Skills (MRC-RSS) or an equivalent approved by Naval Safety

Center. Along with this training, each rider must wear a U.S. Department of Transportation approved helmet with chin strap and at least four inches of reflective material of each side and back of the helmet. Eye protection must also be worn; to be safe a windshield, or fairing, is not proper eye protection. Riders must remember the possible impact and consequences of an accident.

Clothing

The proper clothing is mandatory and is defined as a long sleeved shirt or jacket, long legged pants, full fingered gloves, hard soled shoes and a yellow or orange safety vest with reflective stripes. The clothing is not placing rules and regulations on riders but is providing minimal protection against injury in the event of a crash. It's tragic to hear of riders sustaining injuries that could have been prevented or minimized by utilizing the proper protective gear. Everyone has the right to ride in his or her own way; but please remember to do it safely. (KDC)

Kudos for Oak Knoll dental resident graduate

Lieutenant Gary Roberts, DC, USNR, who completed his residency in General Dentistry at Naval Hospital Oakland in 1989, was awarded the American Society for Public Administration's William J. Sheppard Award. He was also named 1992 Federal Employee of the Year. Both citations were in the scientific category. Sponsored by their San Francisco Bay Area chapters, these highly competitive awards recognized Roberts for his innovative research in the field of wound ballistics.

Roberts' research significantly contributed to a more accurate understanding of the wound ballistics and to their most effective treat-

ment by health care providers, law enforcement officials and the armed forces.

Roberts' work has reduced morbidity and mortality and provided scientifically based treatment protocols (methods) for gunshot wounds. The Navy Dental Corps Combat Casualty Care course has incorporated his findings in its curriculum on projectile wounds.

After completing his residency at Oak Knoll, Roberts went to Treasure Island Branch Dental Clinic, then transferred to the Selected Fleet Reserve in July 1992. His dedication and professional excellence exemplify the highest standards of Public Service.

Red Rover

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HM2 Phil Dauernheim

NSHS San Diego Sailor of the Year

by mike meines

HM2 Phil Dauernheim is the reigning Sailor of the Year for the Navy School of Health Sciences. He is an instructor with the NSHS Detachment located on Naval Hospital Oakland's compound.

...Earned that title by facing a tough three-person board that quizzed him on current events as well as Navy information.

He is just another example of the caliber of personnel at Oak Knoll.

Dauernheim was first named

the San Diego Detachment's Sailor of the Year, and then went on to compete in San Diego for the title of NSHS Western Region Sailor of the Year. He earned that title by facing a tough three-person board that quizzed him on current events as well as Navy information.

He recently returned from Washington, D.C., where he competed for, but was not selected as the Health Sciences and Education Training Command Sailor of the Year. The experience did not discourage him, however.

Wonderful experience

"It was a wonderful experience," says the 35 year-old sailor. "We were treated like VIPs the whole time we were there. Although I have been assigned to that area in the past, this time I was able to see a lot of areas, like the Pentagon, that I wasn't able to before."

The New York City (Flushing/Queens) native is an instructor in the Operating Room Tech-

nician Course. It is a 26-week intensive course turning corpsmen into operating room technicians. The course averages ten to 12 people per class and has a complement of five instructors.

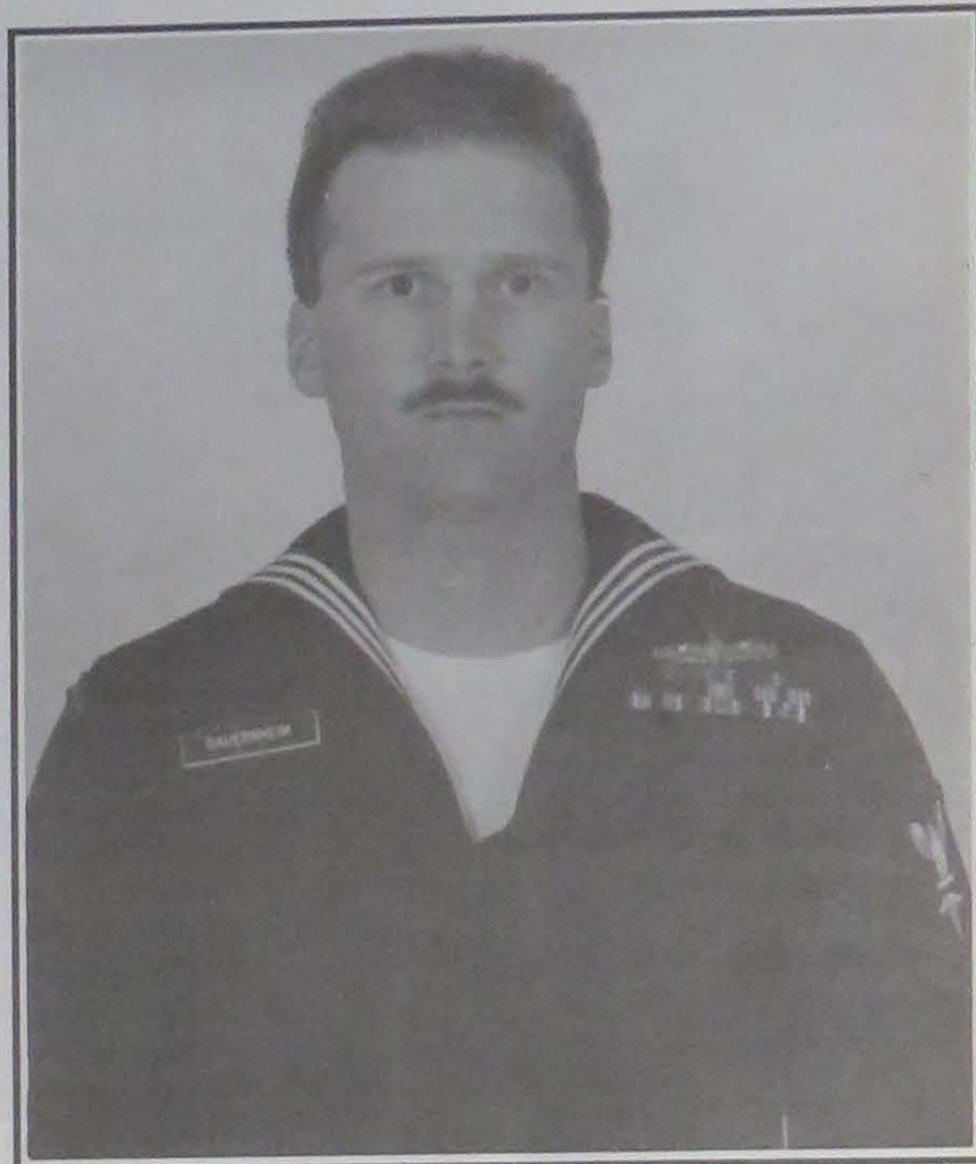
...Credit to my mentors

"I really enjoy my job," he says, "and I have to give credit to any success that I have had to Commander Nancy Lindstrom and HM1 Gino Rice, who have been my mentors. Actually, the entire detachment's management philosophy promotes growth for all its personnel."

Dauernheim is also a veteran of Operation Desert Shield/Desert Storm, where he served with Fleet Surgical Team 3.

He currently lives in San Leandro with his wife, Arleen. She works as a computer programmer in San Francisco.

Dauernheim plans to stay in the Navy and pursue a career as a physician's assistant.



HM2 Phil Dauernheim

Civilian employees administrative grievances

By Nathaniel Kimbrough

As we read in last issue of The Red Rover, all federal installations provide avenues of redress for administrative grievances. At our command, these avenues are governed by Naval Hospital Oakland's Instruction 12771.1A and the Code of Federal Regulations.

Civilian employees currently employed in a permanent position should adhere to the following procedures when filing an administrative grievance:

*** Time limit:** Grievants are responsible for filing a grievance within 15 days from the date of occurrence.

*** Informal resolutions:** Employees should discuss with their

supervisors, on an informal basis, their administrative grievance within the 15-day time limit. Grievances received after that limit are subject to dismissal on grounds of timeliness.

*** Presentation of grievance:** A grievance should be forwarded through the deciding official, via the Human Resource Site Office, NAVHOSP Oakland. The 15-day time limit must be adhered to.

*** Acceptance, rejection and remand:** The issue and specific relief sought must be addressed clearly in a grievance. The lack of a clear definition of the problem and specific relief sought can be cause for remanding the grievance back to the originator. If the deciding official rejects or returns the grievance back to the employee,

the employee's recourse is to ask that it be sent to a higher level of management whose decision will be final.

*** Decision of the deciding official:** A written decision, containing pertinent findings and the reason(s) for the decision, will be issued by the deciding official. Deciding officials are normally department heads. That decision is final and not subject to further review.

*** Timeframes for grievance processing:** Deciding officials are required to respond to a grievance in a timely manner. Under normal circumstances, a deciding official will determine, within five calendar days, the method of investigation to be used. Written responses to the initial grievant on the deci-

sion will be issued within ten calendar days after the receipt of findings of facts.

ROLE OF HRSO

The HRSO's role is as follows:

*** To provide advice and guidance** on the processing of grievances.

*** To maintain grievance files** established by the deciding official.

*** To prepare reports** required by regulations and local directives.

*** To maintain grievance files** originated by deciding officials. Grievance files are open to the grievants and their representatives for review prior to a decision being made by the deciding official.

ALLEGATION OF DISCRIMINATION

If, during the process of filing a

grievance, the employee introduces an allegation of discrimination, the grievant is offered the opportunity to retract the allegation and proceed with the administrative grievance process. If the grievant wishes to continue with the allegation of discrimination, he/she will, then, be notified to pursue the Equal Employment Opportunity complaint process.

WHO SHOULD BE CONTACTED

The administrative complaint process is the province of NAVHOSP Oakland's HRSO. For information and guidance, contact me, Nate Kimbrough, at (510) 633-6372.

The EEO complaint process is handled by Mary Smith, the EEO specialist for NAVHOSP Oakland, at (510) 633-5167.

Attention retired and dependent patients 65 and over

Do you have Social Security Part B? If not, you need it, and you are urged to enroll in this most important component of your health care needs. Enrollment is open Jan. 1 - March 31 every year. Call 1-800-772-1213, and an enrollment card will be mailed to you with information and directions.

Why do you need Part B?
Since Naval Hospital Oakland is an acute care hospital, you may still need assistance at home, other therapy or supplies after you have been discharged from inpatient care. Part B will help you pay this expense. Think of Part B as an investment in

your health care when you need it most.

WARNING

A penalty will be assessed for each year after you become eligible for the benefit if you do not enroll for Part B, along with Part A, as soon as you're eligible for Social Security.

More information can be obtained by contacting the health benefit advisors located in the CHAMPUS office by the Outpatient Parking Lot. They are: Chesta Brantley, (510) 633-5204; Robert Valentine, (510) 633-5206 and Patricia Williams, (510) 633-8292.

Congratulations to HM1 (AW) George Zuckerman for his selection as the COMNAVBASE San Francisco Regional Sailor of the Year.

Guidelines for use of loading dock

The loading dock, located in the back of Building 500, is used mainly for the hospital's daily operations. It can nevertheless be used for certain collection purposes, subject to the guidelines outlined below:

Cardboard recycling

There is a container located at the back loading dock for recyclable cardboard. The boxes must be broken down before placing them in the container. Broken-down cardboard boxes should be neatly stacked alongside the container when it is full.

Regulated bio-hazardous waste (BHW) collection disposal

Regulated bio-hazardous

waste, in clearly marked red plastic bags marked with the name of originating department/division, must be placed in the appropriate cardboard containers available at the site. Unmarked boxes will not be accepted. Bring your waste to the Bio-hazardous waste container (white conex box) Monday - Friday, 10 to 11 a.m. only. Do not leave unattended waste on the back loading dock.

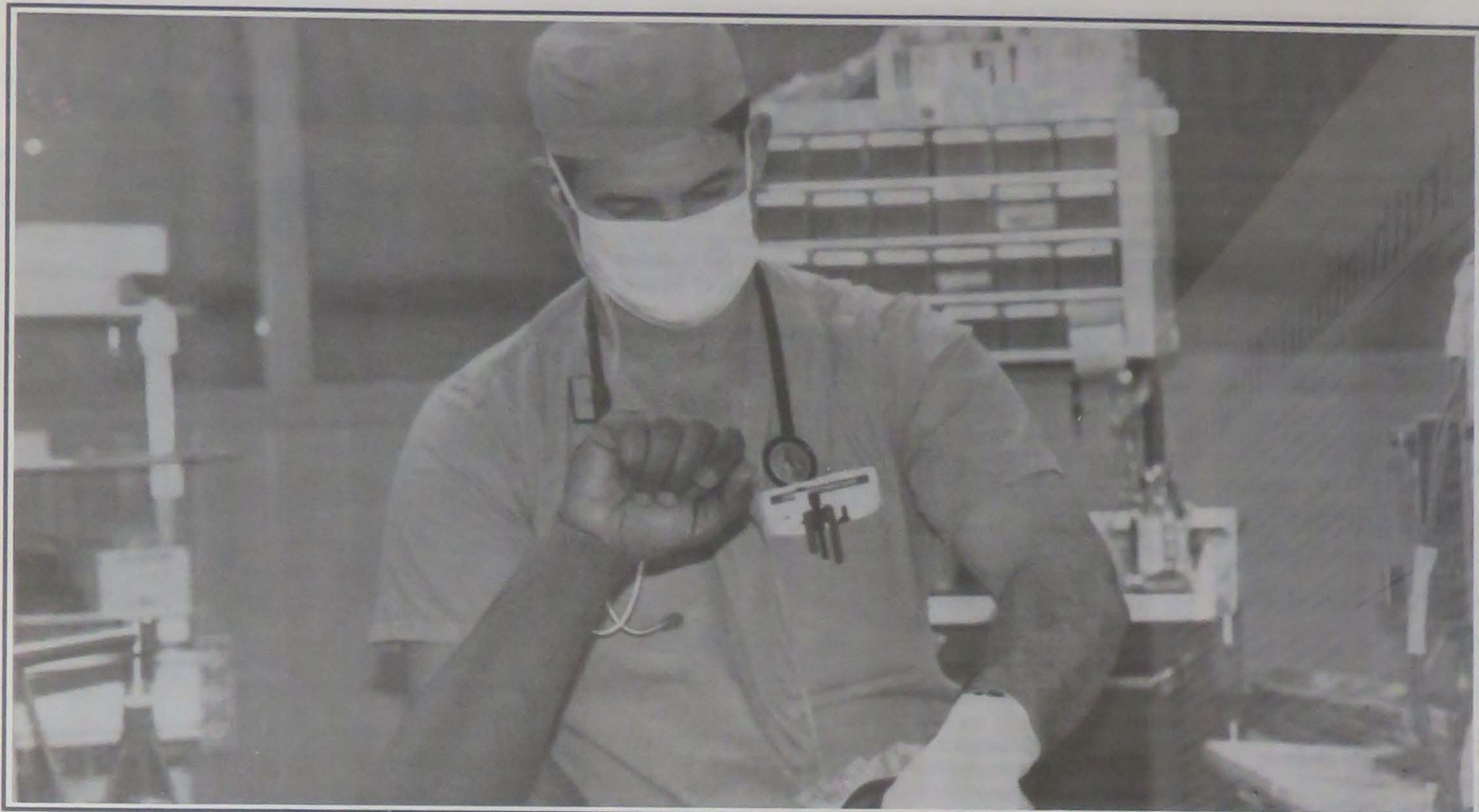
Salvage waste compactor

This container is for all other waste, which should be placed into a plastic non-infectious waste bag. The following materials should not be placed in this container: Bio-hazardous waste, special waste, tires, drums, liquids, batteries, chemi-

cals and metals.

There is, however, one purpose for which the loading dock is never to be used, and that is to collect excess property. In fact, excess property shouldn't be left anywhere on the hospital compound, except at the Excess Property Division located in Building 133. Each item delivered to that division requires three copies of Form 6700/5 — One copy attached to the item; one copy retained in the originating department/division; the third copy retained by the Excess Property Division.

Because of the importance of the back loading dock for daily operations of the hospital, it is imperative that all personnel abide by the procedures set forth above.



CDR Skip Kohler, MC (Anesthesia) prepares patient HM3 John W. Gaines of MOR for surgery.



LDCR David K. Roberts, MC (Cardiology) examines Felix Delavega.



CRD Sudha M. Praba, MC.

A tribute to Navy Medical Corps

March 5, 1993 marks the 122nd anniversary of the Navy Medical Corps. According to medical historian, W. Kenneth Patton, of the Bureau of Medicine and Surgery (BUMED), although the first Navy surgeon went to sea in 1775, it was not until March 3, 1871 that an Appropriation Act of the 41st Congress of the United States officially recognized a "Medical Corps."

From an initial complement of just over 200 male medical officers, in keeping

pace with the needs of the Navy, the Medical Corps has grown into a force of 4,307 men and women who perform more complex roles than those of their civilian counterparts. Many of these officers distinguished themselves during Desert Shield/Storm, in the Saudi desert and aboard USNS Mercy (T-AH 19) and USNS Comfort (T-AH 20).

The photographs shown here honor Naval Hospital Oakland's military physicians.



CAPT Martin Kung, MC (Pulmonary) talks with patient Adriano Tamayo in his office.



LDCR James Kleinschmidt, MC (General Surgery Department) performs surgery with the help of Scrub Technician HM3 David McWhorter (MOR).

(Official U.S. Navy photos by LaRell Lee)

The truth about fluoride

By LT Scott Curtice, DC, USNR

The effectiveness of water fluoridation in consistently lowering the level of caries prevalence has been documented in numerous surveys throughout the world. Data concerning the safety of water fluoridation have been reviewed repeatedly by international, national, state and local authorities, as well as by numerous scientists from the U.S. Public Health Service.

The results of 50 most recent epidemiologic studies, as well as animal toxic data, have produced the same conclusions: There are no significant health risks associated with water fluoridation at optimum levels.

Numerous studies have established a clear and causal relationship between the use of fluoridated water and the prevention of dental caries. Although the occurrence of caries can be reduced through the use of other available fluoride sources, such as fluoridated toothpastes and mouth rinses, professional fluoride applications and fluoride dietary supplements, water fluoridation is the most cost-effective method. It also provides the greatest benefit to those who can least afford preventive and



restorative dental care.

The annual cost of water fluoridation varies inversely with the community size, ranging from 12 cents per person for water systems serving population sizes greater than 200,000 to \$5 dollars per person for systems serving fewer than 10,000. The current annual national mean cost for water fluoridation is 51 cents per person.

Despite the popular belief by most Americans that dental caries affects few individuals, a survey of school-aged children in 1986-1987 indicated that 50 percent of those aged 5-17 years had developed caries in their permanent teeth, and among 17 year olds the prevalence of caries had risen to 84 percent. In addition,

among certain populations (i.e. rural and inner-city residents, children whose parents have less than high school education and some minorities) the prevalence of dental caries among children ranges from 52-92 percent.

In 1990 an estimated 34 billion dollars was spent by Americans for dental care services. Based on the estimated cost of 51 cents/person for fluoridated drinking water, each \$1 expenditure could result in a savings of \$80 in dental treatment costs.

The optimal range of community water fluoridation with respect to reducing dental caries has been determined by the U.S. Public Health Service to be .7 to 1.2 parts per million (ppm).

Fluoride levels in drinking water that exceed this range expose the public to higher daily fluoride dosages than is recommended. This can subsequently lead to the development of a condition known as "Dental Fluorosis".

Although the exact means by which this condition occurs is unclear, the likelihood of dental fluorosis is related directly to the level of fluoride exposure during tooth development and becomes apparent when the teeth erupt. Its effect can vary from symmetrical whitish areas on teeth to brownish discoloration with varying degrees of pitting on the tooth surface. These forms of dental fluorosis do not produce adverse dental health affects, such as premature tooth loss or impaired tooth function, but rather are more of a cosmetic problem.

The recent increase in the prevalence of dental fluorosis seen in America suggests that total fluoride exposure is increasing among Americans. This increase stems from the additional sources of fluoride that have become available, including processed beverages and foods from fluoridated communities, as well as from dental products (toothpastes, rinses, and tablets).

Consequently, these findings

imply it is important for health professionals and the public to become aware of their fluoride intake and to recognize and avoid excessive fluoride exposure.

A few simple and helpful guidelines are listed below:

Become informed about the fluoride concentration of the communities drinking water. A call to the State Health or Water department should suffice.

Limit fluoridated water consumption during seasons when temperatures rise and daily consumption of water increases.

Infant formulas that are mixed with fluoridated water from home require no further fluoride supplementation.

The bottom line is that fluoride works and is still the single most important element for fighting cavities.

Health professionals must encourage parents to teach their children younger than six years of age to minimize swallowing of toothpaste and to use only a pea-sized amount on the brush.

Although the prevalence of fluorosis in fluoridated communities has risen by one third, ironically it has been the non-fluoridated communities that have seen more than a 10-fold increase in its prevalence. Children up to 6 years of age are at the greatest risk since this is the period when teeth are developing. However, this is also the most important time period for the incorporation of systemic fluoride into enamel. The maximum benefit from fluoride is seen when fluoride introduction is started at birth, allowing both primary and permanent teeth to benefit greatly from its use.

Studies continue to demonstrate

the effectiveness of fluoride in reducing caries when exposure occurs during both the tooth formation stage and after the teeth erupt. When the fluoride ion is taken up into the enamel during tooth formation, it becomes dense in structure, enabling it to become more resistant to acids produced by bacteria. Once the teeth erupt, it is the life-long topical application of fluoride that is recommended for protecting the teeth.

When fluoride is applied directly to the teeth, from either the use of fluoridated toothpastes, mouth rinses, tablets or professional application, the fluoride ion benefits the teeth in two ways: First, the fluoride is taken up into the tooth structure in an attempt to remineralize enamel that has become softened from environmental acids, secondly, the fluoride itself has an anti-bacterial effect in that it reduces the ability of the bacteria to grow in its presence. Both of these factors contribute greatly to improving the long term successful outcome in the battle against cavity formation.

In addition, in communities where drinking water is non-fluoridated, fluoride supplements (such as those mentioned earlier) used either at school or at home under supervised instruction, continue to minimize the need for expensive and sometimes unnecessary dental treatment.

The bottom line is that fluoride works and is still the single most important element known for fighting cavities. The benefits greatly outweigh the risks associated with its use, and the risks can be minimized when the public develops an increased awareness of its fluoride sources. It is up to both health professionals and the public to educate each other with regard to these available fluoride sources. By doing so the public can monitor their fluoride intake and minimize the chance of over exposure that is the most probable reason for the increased prevalence of dental fluorosis seen in America today.

What everyone should know about HIV

By LCDR C. Wilson, NC, USN
Surgeon general's representative
for HIV education policy

BUMED, WASHINGTON, D.C. (NSMN)—Our series on information and prevention of the human immunodeficiency virus (HIV) continues. To recap important facts from previous communications:

***HIV is the virus that causes the acquired immunodeficiency syndrome (AIDS).** AIDS is a result of HIV infection. Once AIDS develops, the person's immune system is damaged, and they can no longer fight off infections. These infections are usually fatal.

***We also learned that one cannot "catch" HIV like a cold or the flu.** HIV is not transmitted through the air, by shaking hands, hugging, coughing, sneezing, kissing; nor is it transmitted from swimming pools, toilet seats, straws, eating utensils, mosquitos or animals.

Listed below are some other important facts about HIV:

FACT: You can protect yourself from the HIV infection

When it comes to sexual behavior, abstinence is the only foolproof way to avoid exposure to the virus. Postponing sex until marriage or a long-term relationship with one partner are also safer alternatives. If you are sexually active, reduce the number of partners and have sex only with a partner who is not infected, who has sex

only with you and who does not use needles or syringes.

If you are unsure about whether or not your sexual partner is uninfected, protect yourself with a latex condom and a spermicide such as Nonoxynol-9.

Never use needles or syringes for any drug, including steroids, unless under a doctor's care.

FACT: Latex condoms can help protect you from HIV

Latex condoms can help protect you and your partner from HIV. Birth control pills and diaphragms cannot. But you must use the condoms the right way, and you must use them every time you have sex (vaginal, anal or oral) from start to finish. Condoms are not foolproof, however, because they can break, tear or slip off. Experts recommend using only latex condoms for disease protection.

Sex is serious business. Make choices that protect your life

For more information or to become a certified HIV instructor, call the Navy Medical HIV Program at (301) 295-0048 or DSN 295-0048.

(Editor's Note: Points of contact for Naval Hospital Oakland's personnel are:

Aggie Freeman, RN, in Patient Education, and LT Bill Clawson in the Education Training Department. The former can be reached through her pager at 801-5545; the latter at (510) 633-8491)

Stop smoking classes available at NAVHOSP Oakland

The March stop smoking seminars will be held on the 10, 17, 24 and 31, for anyone interested in "Life Without Tobacco" for smoking cessation or chewing tobacco cessation. The addicting effects of nicotine will be discussed in addition to the Naval Hospital Oakland nicotine replacement program for the transdermal nicotine patch or nicotine gum.

Presenters RN Aggie Freeman and LCDR Paul Savage, MC, will answer attendees questions.

An active-duty member who has participated in the NHO program will be a guest speaker. Class is open to all who want support to stop smoking. Classes are free.

Class I -

Class II -

Class III -

Class IV -

Class V -

Class VI -



No consultation is required. A commitment to attend six two-hour classes in one calendar month is necessary.

Information will be given on "Fresh Start Plus" an American Cancer Society Program that is Navy specific. These classes are sponsored

The Nicotine Patch, The Smokers Triangle Health Benefits of Smoking Cessation "Why Quit Quiz" RN Freeman, Dr. Paul Savage Cold Turkey & Tobacco Free Why I Smoke The Big Sell/Advertising The Tobacco Pandemic - CAPT David Moyer, MC Managing Stress Without Nicotine Stop Smoking, Stay Trim Staying Quit, Handling Relapses Graduation

by the Patient Education and Internal Medicine Department and the Wellness Department in Preventive Medicine/Occupational Health Dept.

ACTIVE DUTY may contact HM2 Boholst of the at ext. 3-8851 to enroll. A walk-in clinic for active duty in uniform with their medical record is held 8 to 9 a.m. in the Internal Medicine Dept., Room 448R, Patient Education, on Tuesday and Thursday mornings.

PHYSICIANS may refer by consult to Patient Educator, RN Aggie Freeman 9-801-5545 (beeper) or ext. 3-5375. Her office is Room 448R, Fourth Floor, Internal Medicine Department.

An Oak Knoll nurse reflects upon her experience in Somalia



Story by LT Pamela Trehan, NC
Photo by LaRell Lee

(Editor's Note: LT Pamela Trehan, NC, USN, was part of a group of 15 medical personnel from Naval Hospital Oakland deployed to Mogadishu, Somalia, attached to the 1st Medical Battalion, 1st FSSG (Fleet Service Support Group). Their mission was to provide medical care for American troops, Coalition Forces, civilians abroad and any Somali citizens they might injure. One of their first activities was to establish a 60-bed collecting and clearing company. It became the first and finest Infectious Disease Ward on the Em-

bassy Compound.

As nations around the world sent workers to help the people of Somalia, the 1st Medical Battalion nursed their troops and volunteers who contracted diseases prevalent in East Africa. French, German, Italian and Swedish interpreters were needed as often as the Somali interpreters.

In the following account, Operating Room Nurse LT Pamela Trehan speaks of her early experiences with Somali patients.

A total of 10 Somali patients were admitted to our field hospital. By Christmas Day 1992, our command was fully manned. The following afternoon, the first surgical cases were performed on a Somali woman and child.

I met our first surgical case — a

major shoulder gun shot injury — surrounded by a room full of corpsmen, doctors and journalists. Her name was Fathuma, identified as Somali #1.

When she saw me, Fathuma began to speak in her native tongue. I must admit to pangs of disappointment as she realized that I, an African American woman, didn't understand Somali. However, I used body language to overcome the language barrier, holding her hand, nodding affirmatively and smoothing her hair, in an attempt to convey that "all would be well."

Most Somalis are Muslim

We were told that most Somalis are Muslims. Fathuma was dressed in a series of wrap-around cloths, including a head wrap, and wore a lot of jewelry. Careful not to transgress against Muslim's rule of modesty, the primary surgeon and I decided not to remove Fathuma's wrap and jewelry.

Still holding Fathuma's hand, I walked beside her as she was carried by corpsmen to the surgical table. Under general anesthesia, Fathuma's scapula (shoulder area) wound was debrided and irrigated.

As soon as we had transferred Fathuma to the Recovery Area, we were informed of a second surgical case. Since we'd been told that Fathuma and her son were shot by men demanding food, I assumed that the Somali boy awaiting surgery was Fathuma's son. However, it turned out that the case in question was a 15-year old boy (Ali #1) — who, incidentally, looked about 10 or 11 years old — hit by a United Nations' truck. His right ankle was abraded, and it must have hurt a lot. But he was stoic. Like Fathuma, he never whimpered or cried out in pain. In fact, he showed no emotion as we, foreigners, manipulated, debrided and splint his ankle. However, before going under anesthesia, he made it

perfectly clear that we were not to take away any of his personal belongings: clothes, shoes, jewelry.

On the third day of their stay at the hospital, Ali and Fathuma were joined by Somali patient #3 (Ali #2). This 8-year old boy's femur was crushed when our Marines demolished a wall. With his leg swollen three times its normal size, Ali #2 cried all day long. Ali #1 was very helpful in trying to calm him and translated the boy's fears to the staff by gestures.

This was a new place for all of us. Ali #2 arrived on the day our closed-in wooden hospital was completed. No more flying dust, swarming flies and sweltering sun rays. Now we had real floors, real walls and beams from the ceiling on which to attach Ali #2's traction line and trapeze bar. Now the Somali patients were housed in the same room as the rest of the patients. Before, we had three separate tents: one for infectious diseases, one for Somali surgical/intensive care patients and one for non-infectious medical/medical hold patients.

Flies continued to swarm around the three Somali patients. Our lab technicians discovered Ali #1 was infested with every identifiable worm known. Ali #2 had open sores (unrelated to his injury) that seeped through his clothing. For these reasons, we tried to isolate the Somali patients in one corner of the ward.

The two Somali boys had frequent visitors from the command. It seems many within the battalion saved treats from MRE's (meals ready to eat) and care packages to give to the two boys. In fact, they were given so much that the division officer in charge of Surgical Ward/ICU, was forced to ask visitors not to bring the boys any more candy.

Our only other female Somali patient (Somali woman #2), gave

us an insight into clan separatism. Whereas the boys and Fathuma were of the same clan and very considerate of one another, this woman totally ignored the boys and Ali #1 made rude gestures in reference to her.

Somali woman #2, who was at the port when she was shot in the arm by a misfiring Marine M-16, was from a city on the northern border of Somalia. We attempted to transfer her to a local Somali hospital after her surgical care was completed, but the liaison officer told us that, to do that, would place her life in jeopardy. She was eventually medivaced home by helicopter.

With the grace of God, our medical battalion truly did save the lives of two Somali boys — 3-1/2-year old Muhammad (Somali #5), who had swallowed an object and was saved when we performed tracheotomy, and 4-year old DesHash (Somali #6), who was hit in the head and dragged by a military vehicle. DesHash had stopped breathing. His father refused to allow surgery, but he was kept alive by manual breathing through intubating and aggressive drug therapy. Eventually, he was discharged to a Somali doctor after staying in our care overnight.

Our stay in Somalia was brief. Our mission statement clearly identified who we would treat. Some of us thought we would see more of the country as we helped to treat the victims of this tragic situation. Nevertheless, our presence in Somalia was necessary and beneficial. While the U.S. Army, the Canadians, the Italians and the Swedes were setting up sophisticated, long term hospitals, we did a great job of caring for all the troops and civilians in our MASH tents. The surgical care we provided to the Somalis could not have waited and was not available anywhere else. A JOB WELL DONE!

US service members aid devastated country

American Forces Information Service—U.S. service members in Somalia find a country devastated by a long drought and a breakdown in government.

Somalia is on the Horn of Africa, and during the Cold War was a strategic spot. In the north is the Gulf of Aden — which leads to the Red Sea and Suez Canal. To the east is the Indian Ocean. In the west is Ethiopia — a country with which Somalia has had many border disputes. To the south lies Kenya — a base for much of the relief effort.

Shifted sides

Somalia shifted sides during the Cold War, being tied to the West from independence in 1960 through 1969, then turning to Moscow until 1977. In 1981, the United States agreed to supply substantial military and economic assistance in return for use of ports and airports.

No census has been taken in Somalia, but U.N. officials guess the population is around 4.9 mil-

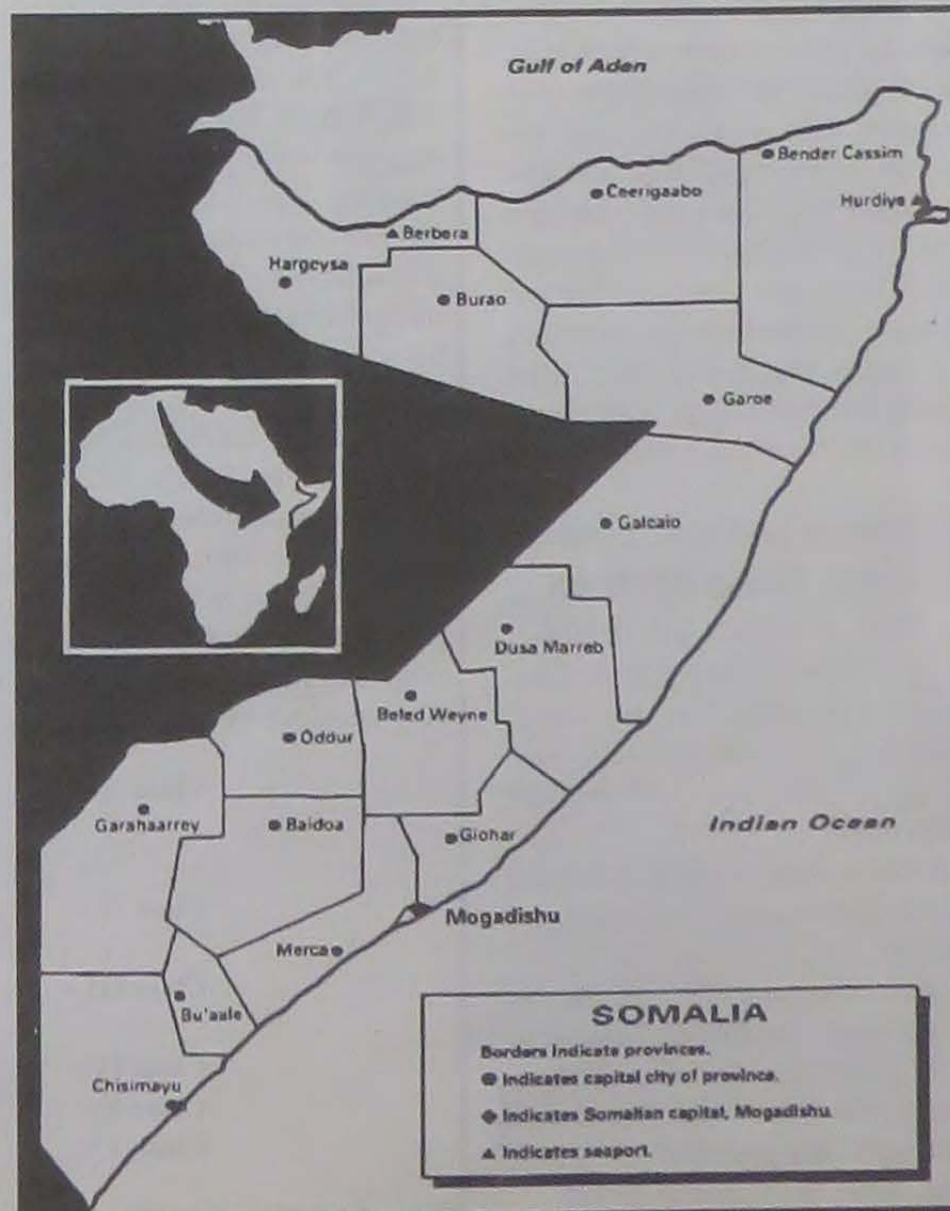
lion in an area about the size of California. U.N. officials estimate up to 2.2 million people are in danger of starvation. The area hit hardest is in the south.

The population is rural, with concentrations in the capital city of Mogadishu and the ports of Merca, Hurdio and Berbera. Almost 99 percent of the population is ethnic Somalis and Sunni Muslims.

The northern portion of the country is mountainous with plateaus reaching 3,000 to 7,000 feet. The climate is tropical, with year-round temperatures between 85 and 105 degrees Fahrenheit. In good years, there are two rainy seasons — from March to May and September to December. The weather is somewhat cooler in the mountains. The current drought began in 1986.

Was ruled by dictator

Somalia was ruled by a dictator, General Mohamed Siad Barre, from 1969 through 1990. Upon his ouster, local warlords filled the gap. To a country already suffering un-



der drought, this was the final blow. The army broke down, and warlords were able to arm gangs. Relief shipments were stolen to feed local gangs, and the more powerful warlords used the shipments to increase their standing. Food, in other words, became a weapon. Many warlords and gangs are based around families. Clan groupings are the important aspect of Somali life, and their importance will render putting a government in place impossible, some observers say.

British and Italian split country

The British and Italians split the country before World War I. During World War II, the British occupied Italian Somalia. Both British and Italian Somalia united when the country gained independence in 1960.

Somalia is a desperate country. Even before the drought and civil war, the country's infant mortality rate was 145 per 1,000. The average life expectancy was 47 years, and the country had a 40 percent literacy rate.

March is National Nutrition Month

Safe weight loss

By LTJG Barbara Ragan, MSC

Have you recently been told that you need to lose weight or reduce body fat?

Does the word DIET cause undue stress* and negative thoughts of eating or not eating certain foods?

First of all I would like to replace the word DIET with WEIGHT MANAGEMENT. WEIGHT MANAGEMENT implies less restrictions on your eating behavior. Instead of restrictions, emphasize life-style changes that you can make one step at a time. Successful weight loss does take time and a lot of motivation. Quick weight loss, as with starvation diets and liquid diets, may cause loss of muscle mass and produce low self-esteem when the weight is regained. An important part of WEIGHT MANAGEMENT should always be some sort of exercise. Exercise should be the highest priority because it

is a reliable way to maintain appropriate weight.

Here are some recommendations for adult weight loss:

Factors contributing to the weight status should be identified, and questions asked to determine what is causing excess weight: too little exercise, too little food or high fat food consumption.

Set a reasonable weight goal. If you weigh 250 pounds, a target loss of 150 pounds may be unrealistic and diminish motivation

Set a reasonable weight goal. If you weigh 250 pounds, a target loss of 150 pounds may be unrealistic and diminish motivation.

The rate of weight loss should not exceed two pounds a week. This rate promotes loss of body fat, versus muscle mass and may facilitate behavior changes. Daily calories should not be lower than 1200 calories.

Adults need .8 grams of protein per kilogram of ideal body weight a day. This represents about two servings of three ounces of meat, poultry, fish or vegetable protein. Meat tends to have a lot of hidden fat. The American Heart Association recommends that we consume less than 30 percent of our total calories from fat. In addition to meat, consume a variety of fruits and vegetables, at least five servings a day. Adults need two cups of milk a day and four or more servings of bread or cereal.

Exercise. Work toward 30 to 60 minutes a day of continuous aerobic exercise five to seven times a week. Always check with your physician before beginning a new exercise program.

How TSP funds beat inflation in 1992

The three funds within the Thrift Saving Plan ended in a near tie for earnings in 1992.

The C Fund, invested in stocks, increased by 1.21 percent in December, finishing the year up 7.70 percent. That's far behind last year's gain of 30 percent, but still far ahead of inflation this year.

In second place, the steady G Fund, invested in special U.S. treasuries, earned 7.23 percent for the year. The G Fund finished December up 0.58 percent. In previous years the fund was closer to 9 percent, but it slipped because interest rates showed a steady decline.

Finally, the F Fund, which is

invested in bonds, increased 1.54 percent in December, realizing an annual increase of 7.20 percent.

On a related subject, the IRS has increased the cap in investments in TSP in 1993 from \$8,728 to \$8,994. The cap applies to 401(k) investment plans, too.

Fleet ADM Nimitz memorial lectureship

By LT Mike Mitchell
NROTC, University of California, Berkeley

All hands are invited to hear General John R. Galvin, U.S. Army (Ret.), address vital national security issues on Tuesday, March 9 and Thursday, March 11 from 6:30-8:30 p.m. in the Sibley Auditorium at the University of California, Berkeley. General

Galvin will present a lecture titled "NATO: Why?" on Tuesday and "Architectures for Future Security" on Thursday.

General Galvin served as the supreme allied commander, Europe, and as the commander in chief of the U.S. European Command, responsible for U.S. and N.A.T.O. forces in Europe. He also implemented U.S. national security policy and strategy

in that region from 1987 to 1992. He is currently the John M. Olin distinguished professor of National Security Studies at the United States Military Academy, West Point, New York.

Both lectures are free of charge and open to the public. Sibley Auditorium is located in the Bechtel Engineering Center on the Berkeley campus.

Navy campus visit

Francis Rohrer, Navy Campus Educational counselor, will be at Naval Hospital Oakland on Thursday, March 11, 1993, from 7 a.m. to 2 p.m. A general brief is scheduled in Clinical Assembly 7-8 a.m. Come learn

about college credit from your DD 295, testing for college credit, financing for college, etc. Rohrer will be available 8:30 a.m.-1:30 p.m. for individual appointments.

Latter can be made by call-

ing HMCS Gary Chapman's office at (510) 633-5324.

For more information, call the command senior chief or the Command Education Department at 633-5257.

Patient Appointment System

To schedule and cancel all clinic appointments, call
(510) 633-6000,
Monday through Friday, from
8 a.m. to 4:30 p.m.
No more busy signals!!!!
Speak directly with
an appointment clerk.

Navy Family Service Center Alameda offers a variety of classes

The following classes and seminars are available at FSC, NAS Alameda

Recovery group for men

This confidential treatment group is for adult men abused as children (i.e. psychological, verbal, physical or sexual). Please call Jon Seirup or Jerry Solt at FSC, (510) 263-3141 for further information.

AMAC group for women

This confidential treatment group is ongoing every Thursday from 2-3 p.m. Point of contact is Ann Klimek, M.C.A.T., D.T.R., who can be reached at (510) 263-3141.

Anger management class

This six - part class is about learning to manage anger and deal with the conflict in a constructive way. We'll teach you how to identify triggers-Learn to rechannel angry feelings-Learn positive assertive communication. Class meets on Thursdays from 1-2 p.m. For more information and registration contact Jerry Solt at the FSC, (510) 263-3141. Classes will begin Thursdays, March 25, Apr 8, 15, 22 and 29.

Oak Knoll Briefs

Safety belt

(1) The State of California Vehicle Code Section 27315 states: "No person shall operate a private passenger motor vehicle on a highway unless that person and all passengers are restrained by a safety belt." Law enforcement officers in the State of California can now stop drivers and check to see if they're wearing seat belts. They need no other reason. Many personnel onboard Naval Hospital Oakland are stopped and reminded of this law every day. Let's all buckle up for safety.

(2) All Oak Knoll staff personnel (military and civilian) are reminded to register their vehicles with Security within 10 working days after reporting aboard for issue of a DoD decal. Personnel who report and have a current decal need only obtain the base identification sticker, Naval Hospital Oakland, Calif. Requirements for the decal are: a current State registration; a current drivers' license; a current Military/DoD identification and current proof of insurance for the vehicle.

Ham radio station

The hospital Military Ham Radio Station is operational Tuesdays and Thursdays. If you have family members aboard a naval ship, you may be able to contact them via telephone. Contact the Communication Department at (510) 633-5891 for further information.

Laboratory guide

The Laboratory has distributed copies of its guide to each ward and clinic. The guide provides testing information to assist patients in effectively and efficiently using the Laboratory Services. For suggestions and information, call (510) 633-5548 or 5549.

Parking

Staff personnel (military and civilian) are not authorized to park their vehicles in lots 3, 6 and 6A at any time. Staff personnel are authorized to park in Lot 2 from 2 p.m. to 8 a.m. daily. Violators shall have their base driving privileges suspended.

Nutrition Services Department

Only the following categories of hospital personnel are authorized to eat at the non-surcharge, least expensive rate in the hospital's dining room, in accordance with instruction NAVMEDCOMINST 1-110.2 and DoD 1138.10M:

- Active-duty enlisted on Commuted Rations (COMRATS).
- Staff standing 24-hour on-board watch.
- Nutrition Services personnel.
- Red Cross volunteers (not salaried employees).

Misrepresentation for personal gain may result in disciplinary action for misconduct. It is not worth the cost of a meal to risk your career. Point of contact for questions and further information are: LT Tancer, legal officer, at (510) 633-5722 or LT Teresa Priboth, head of Nutrition Services Department, who can be reached at (510) 633-5820.

Plus and Minus



by mike meines

If there is something that you don't enjoy life, it is easily remedied. Just avoid it.

Unfortunately, there is something it life that I find truly distasteful and no way to avoid...Grocery shopping.

I put this task off until I just cannot do it any more. You know what I am talking about. It's when all you can muster for

a meal is a butter and pickle sandwich made with two end pieces from a loaf of bread...Now you have to go to the store.

People that are organized make out a list of what they need before they go shopping. Not me. No way. Get there, throw it in the basket and escape.

Now if you only need a few items, they have what they call "Express Lanes". This is where they station the new employees...the ones who don't know how to use the cash register...worse yet - they don't know how to change the tape. I always get there at the exact same time that the tape runs out.

"Sorry sir, this will only take a minute."

"Right."

"Hey Bill, where do they keep the tape?"

"In the office."

"Where's that?"

"Downtown."

Did you ever notice that almost every woman will not even attempt to take money out of their purse until the entire

amount is totalled? Then they have to dig through the purse to find the wallet. Worse yet, they have to find their checkbook. Then the check has to be approved by the store manager and they have to dig around in their purse to find their driver's license and two major credit cards. The amount of time this consumes is comparable to an elephant's gestation period.

Now if you are really unfortunate and have to shop "big time", there are several large obstacles to overcome. First of all, you have to get a cart. The man or woman who invented this vehicle had someone do their shopping for them.. In the store that I frequent (and I use that term loosely), the carts are slanted toward the front and the front is collapsible. What's up with that? The items roll to the front of the cart and if strong enough...right through.

Also on the carts are wheels. Well, they start out as wheels but very soon they deteriorate into something from the twilight zone. Some lock up and refuse to budge. Others just dangle from the leg of the cart

and spin. This produces a noise that is unmistakable and extremely irritating. It also causes you to become the center of attention. Still other wheels just flatten out. I really think that the guys who stock the shelves select a few and then flatten them with a hammer or slice them with a meat cleaver just for kicks. Then again, if you are really lucky, you will get one that has all three types of wheels. I went to the store last night and got that lucky. It was the last cart available so I didn't have a choice.

With the strength of Sampson, I muscled that sucker toward the wine section where I selected two bottles of table wine and a bottle of cooking sherry. I placed them neatly in the cart. Then it was on to the produce department. They had a great deal on melons. I got four. I more or less slid the cart to the soda section to take advantage of that sale. By now my face is beet red and my arms are weak. I am perspiring profusely and feeling a little light-headed. I grabbed three 2-liter bottles and placed them in the

cart. I was able to snatch a couple of bags of corn chips before it was required to once again challenge the cart. Very carefully I started toward the soup section when it happened. The left front wheel locked up like the back one. In an effort to regain control of the cart, I over-compensated and drove that hummer right into the floor to ceiling display of canned corn. In the meantime, the little collapsible part on the front of the cart did just that and out came the wine, the melons, the soda and two bags of chips. In a quick and decisive manner, I grabbed the remaining bag of chips and headed for the "Express Lane". No one was the wiser.

I wonder how long I can go without anything in my kitchen cupboards..."Later, Baby!"

PERSONALS

Kris: Not Chris. How come the K doesn't require an H?

Carole: Well, will you?

CAPT Spier: Get back here!

Randy Ortega: Still want me to M.C.???

Mom: I miss you very much.

Basketball Blowout

Story and photos by AA Kevin Cameron

On a cold, rainy night, four teams came to do basketball battle in the Naval Hospital Oakland Gym.

In the first game, the top ranked "Slashers" from Morale, Welfare and Recreation took on the second ranked Lab team in what promised to be a crystal ball to the playoffs. At the final

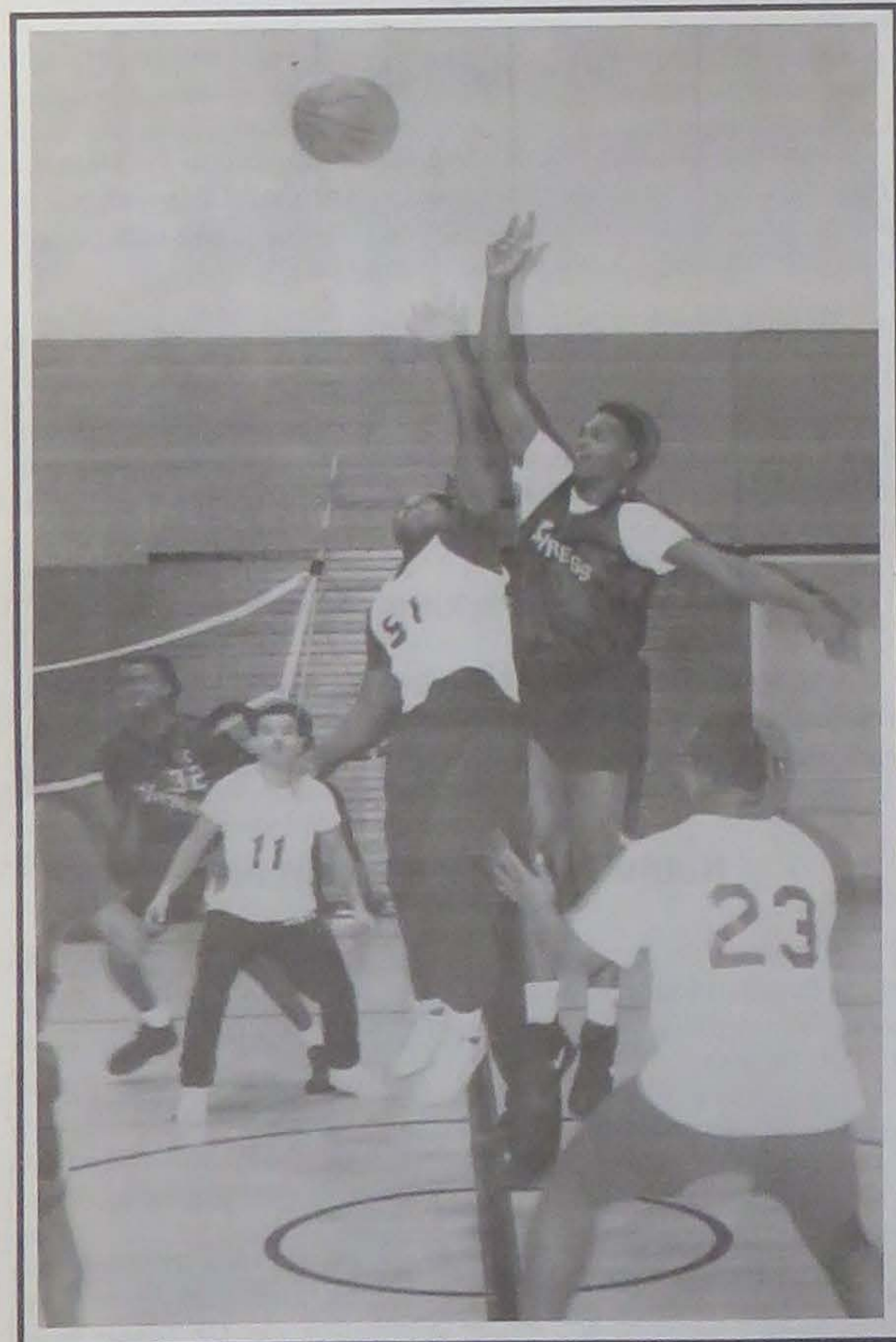
buzzer, the deciding factor proved to be a huge difference in the team strategy.

On defense, MWR started the game with a straight 2/3 zone while the Lab operated a solid, hustling man-to-man. The Lab team spent most of the first half trying to fastbreak on the Slashers and run them into the ground.

MWR on the other hand resorted to setting up the half court game to get great ball move-



Close but no cigar. LAB defense attempts to block a MWR shot.



BEQ controls the tip off to start the game. This was as close as the physical terror.

ment around the perimeter. The aggressive game plan and constant communication between players was extremely effective in neutralizing the strength of the Lab's defense. By focusing on perimeter shooting, MWR was able to set screens and get effective ball movement, allowing high percentage shots.

Labs' approach was a constant drive to the hoop generating more turnovers than the 49er's Steve Young in the NFL playoffs. MWR was unable to capitalize on a majority of these turnovers and led only by five points at the end of the half by a score of MWR 33, Lab 28.

To open the second half, the Lab team continued to fast break but came up short due to a hustling MWR defense. MWR controlled the back court game and got many uncontested (three on one or three on none) fast

breaks. MWR played tough zone defense and allowed only long shots and a few token drives to the hoop.

At the final buzzer, the MWR lead was an astounding 35 points led by Tim Crutcher who 'Slashed' his way to a 34 point game, running circles around the Lilliputian defenders. Also scoring double figures were: James Brown with 19 and Loren Littleton with 16. The Lab teams' Harold Stallings, led his team with three 3-pointers and 30 points total. Final score: MWR "Slashers" 85, Lab 53.

In the second game, the BEQ "Xpress" routed the Physical "Terrorists." High energy is the only way to describe the game plan for the "Xpress." It was evident even before the team took the court. The Physical "Terrorists" started the game in a conservative 1/2/2 zone de-

fense against a sharp shooting arsenal from the BEQ. The BEQ team utilized a 2/1/2 zone defense to stump the Terrorist attack. BEQ controlled the game by using a full court trap and swarming defense. Every loose ball had a BEQ players name on it. The "Xpress" took over the game completely with 3:58 to go in the first half on a "Airmail Express" dunk by George "Blade" Jones. At the half the score read BEQ 60, Physical "Terrorists" 13.

The second half was exhilarating, if you are a BEQ fan. Between fast breaks and the "Slam-n-Jam" session, the game turned into an onslaught of BEQ showtime. The teams' third place record says nothing for its' potential in the playoffs. With the final buzzer, the BEQ "Xpress" ended the game 103 to Physical "Terrorists" 32.

The Red Rover

The Navy's first commissioned hospital ship

Vol. 5 No. 4

Naval Hospital Oakland, California

March 26, 1993

Base closure information

Exclusive interview with NHO'S Commanding Officer

Recently, Mike Meines, NHO's public affairs officer, conducted an interview with the hospital's Commanding Officer, RADM William Buckendorf, concerning the base closure recommendation list. The following is a transcript of that interview.

Admiral, thank you for taking the time to talk with me.

Q: The base closure list released earlier this month included Naval Hospital (NAVHOSP) Oakland and many Bay Area military installations. The list came as something of a surprise, because the rumor mill did not indicate that we would be on it. Can you shed some light on how the process works?

A: The proposed base closure list released by Secretary of Defense (SECDEF) Aspin on March 12, 1993 is part of a process that, for the Navy, began last year and will end 45 legislative days after President Clinton forwards the final list to Congress this summer. The list is now before the Base Closure and Realignment Commission (BCRC) which must forward its recommendations to the President by July 1, 1993.

Q: What is the history of the base closure process?

A: The base closure and realignment process is governed by the Defense Base Closure and Realignment Act of 1990 as amended by Public Law 102-190. The Act established an independent Base Closure and Realignment Commission (BCRC) to review SECDEF base closure and realignment recommendations in 1991, 1993 and 1995.

Q: What is the make-up of the Commission?

A: The BCR Commission is a bipartisan, independent committee composed of eight members. The Chairman, Jim Courter, and two other members, Mr. Stuart and Mr. Levitt, served on the 1991 Commission. Among new Commission members is Mrs. Beverly Byron, a former Maryland Congresswoman who sat on the House Armed Service Committee.

Q: The Navy appears to be hardest hit by the latest list. The Department of the Navy (DoN) named 23 bases for closure while the Air Force listed four and the Army recommended only two. Why the disparity?

A: Downsizing the Fleet by about one third will result in excess capacity of our continental U.S. (CONUS) base infrastructure. To maintain an operational Navy, the number of CONUS shore activities must be reduced.

Q: How did the Navy list come to be?

A: The Secretary of the Navy (SECNAV) initially provided guidance for DoN in February of last year. In April of 1992, SECNAV modified some procedures to ensure timely and sound recommendations for review by the 1993 BCRC. The Navy Base Structure Evaluation Committee (BSEC) established by SECNAV was required to develop methods to evaluate bases and make specific recommendations about base realignments and closures.

Q: What did the BSEC look at?

A: The BSEC developed installation categories; determined excess

capacity by category and relative military value of installations; estimated the return on investment; evaluated the economic and environmental impact from any proposed closures or realignments; developed alternatives for eliminating excess capacities; and made specific recommendations to SECNAV.

Q: What is meant by installation categories? Can you elaborate on these elements?

A: The BSEC divided the shore infrastructure into three general installation categories: (1) those that provide support to military personnel; (2) those that provide weapon systems and material support; and (3) those that provide shore support to Navy or Marine Corps operational forces. Under these categories were thirty subcategories that included Naval Air Stations, Naval Stations, Naval Aviation Depots, Naval Shipyards, and Naval Hospitals, among others. Capacity analysis is based on units of throughput, such as aircraft squadrons at air stations or students at training centers. Military value criteria include current and future mission requirement; availability and condition of land, facilities and air space; manpower and budget implications; and ability to accommodate mobilization, contingency and future force requirements. Return on investment was based on the Cost of Base Realignment Action (COBRA) model developed and approved by the Office of the Secretary of Defense (OSD). Impact criteria include economic, environmental and infrastructure support analyses.

Q: This appears somewhat cumbersome.

How was it done?

A: As required by the Act, the BSEC treated all activities the same and used only certified data from 5000 data call responses up to 200 pages each. Detailed records of meetings were made, Navy Audit Service was involved in the process, and OSD sanctioned tools were used in the analysis. BSEC action resulted in a list of proposed closures and realignments best depicted by the map accompanying this article. (See below)

Q: Are there really any savings associated with this process?

A: Yes. While it is estimated that the Navy will incur about \$4.7 billion in one-time costs due to construction, moving, personnel relocation and closure, by the year 2000, there will be a \$1.6 billion annual savings associated with these closures and realignments. Savings arise primarily from elimination of civilian and military support positions and from reduction in base operating support cost realized by closing excess infrastructure.

Q: What effect will base closure have on personnel at NAVHOSP Oakland and assuming NAVHOSP Oakland is on the final list approved by Congress, what will the future hold?

A: NAVHOSP Oakland is a support activity and will continue to operate as long as Navy installations in the Bay Area have an active-duty population sufficient in size to warrant inpatient healthcare. While the hospital is open, its mission—that of providing quality healthcare to beneficiaries—will not change. Plans for downsizing or closure of NAVHOSP Oakland will take time to develop and will parallel downsizing and closure of Line activities. Being on the final list approved by Congress means closures activities must begin within two years of final approval and be completed within six years. Whether the Navy will accelerate the time schedule remains to be seen.

Q: Is there anything you would like to add?

A: I am appreciative of the fact that the base closure process is cause for worry and concern on the part of our



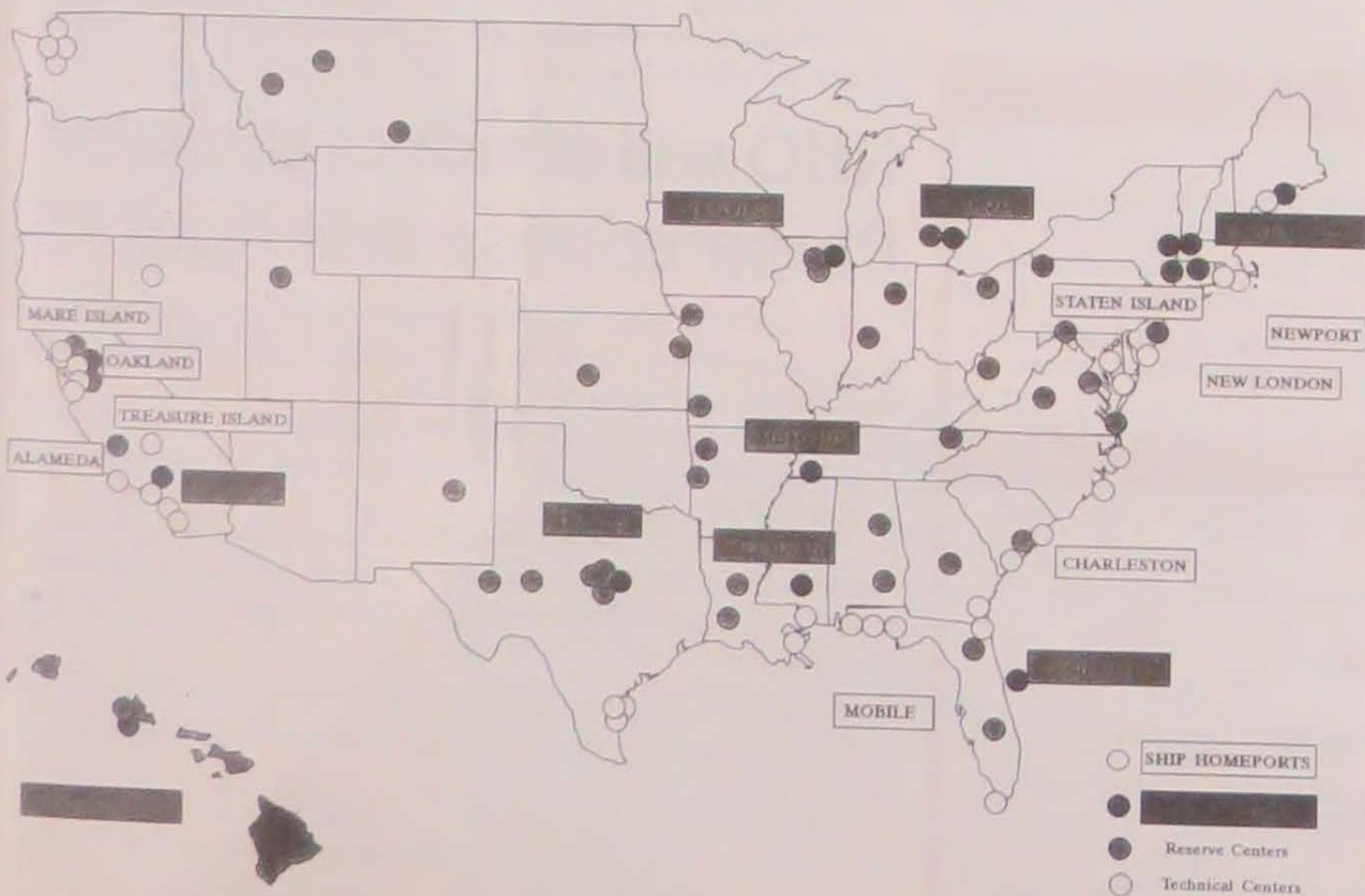
RADM William Buckendorf

military and civilian personnel. NAVHOSP Oakland and most other Bay Area commands survived 1991 BCRC action, and it is unfortunate that we must go through the process again in 1993. The Commission is tentatively schedule to hold Bay Area public hearings from April 24 to 26, at which time civic and political leaders will present alternative proposals. Whatever occurs, there is yet another BCRC slated for 1995 that will address installations not needed to support a substantially reduced force structure. These reductions in force levels and infrastructure are the only real means of reducing Defense spending. If closure is our eventual fate, sizable downsizing or actual closure appears impractical before fiscal year 1995. As I receive information, I will pass it on as quickly as possible. For the moment, we need to conduct business as usual and continue to implement plans for the future until otherwise directed.

PAO: Admiral, I sincerely appreciate you taking the time to clarify the issues that we have discussed. It looks like communication will be vital throughout this whole process. Thank you.

CO: You're welcome.

NAVAL INSTALLATIONS



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Complete Navy base closure/realignment list see page 8

Oak Knoll Viewpoint

Who is the most important woman and why?

This question was asked in observance of Womens History Month.

Official U.S. Navy photos by MM2 John Dziki

SH3 Nicanor A. Bergonia
Logistics, Bldg 505



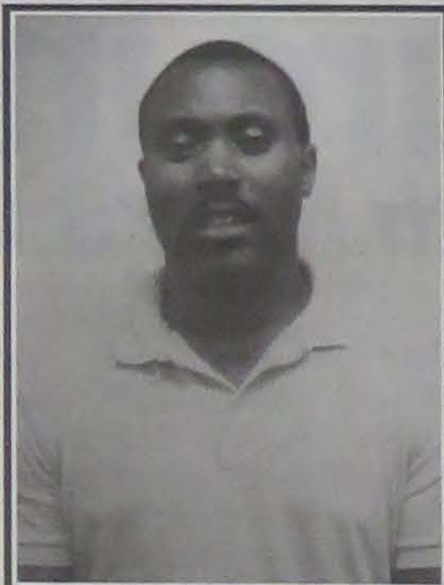
My wife, Sheila, who is about to give birth to our first child.



LT Charles Moore
Asst. head,
Contracting Dept.

Corretta Scott King, for carrying on the work of Dr. King as a dignified role model for all peace loving people.

Thomas A. Lewis
Technical review
specialist



In my opinion, all women are important and play a vital role in today's society, whether she is a housewife or a business woman. But, to be more specific my loving wife is the most important woman I know.



Salvador Miranda
Snack Bar cook

My aunt is the most important person in my life because she has always been there when I needed help. She is a very caring and loving person.

MS2 Tamara Schmitz
Security



There is no important woman. There is nothing that makes a man or a woman more important than someone else.

From the Command Senior Chief

The meat and potatoes of Naval Hospital Oakland



HM3 William "Bill" Doolittle

This column and future columns will highlight those sailors and civilians who are the "meat and potatoes" of Naval Hospital Oakland -- those individuals who are consistent in their performance, positive in their attitude and a tribute to the Navy. Those highlighted are not the ones who receive award, nor are they the ones who are always in trouble. They are the people on whom we can count to be there every day, ensuring that

the mission is accomplished. The first in this series is HM3 William "Bill" Doolittle from the Nursing Administration Office.

Bill hails from West Palm Beach, Fla. After graduation from high school, he began working for his neighbor who was an electrical engineer. Ironically, this was his first taste of the Navy in that his neighbor was a retired chief.

"He was tough," Doolittle recalls, "a very demanding boss who

taught me an awful lot."

After years of this, he decided that he was ready to go back to school and enrolled in Northwood Business College (West Palm Beach Campus) taking business and liberal arts courses.

From there he went to work for a hearing aid company that was owned by a friend's father. The man was an audiologist, and it was Doolittle's responsibility to give hearing tests and recommend the appropriate type of hearing aid for patients. This required that he become a licensed hearing aid specialist in the state of Florida.

Unfortunately, his friend's father passed away in January 1991. It was at this point that he decided to join the Navy. Initially, he was looking to further his training in audiology. After attending boot camp at Great Lakes, he decided to forego E.N.T. Technician Aid training for general corpsman duty.

After completing Navy Hospital Corpsman School at Great

Lakes in September 1991, he was assigned to Naval Hospital Oakland's Pediatrics Department. In February 1992, he assumed his present duty position as leading petty officer (LPO) in the Nursing Administration Office.

They are the people on whom we can count to be there every day, ensuring that the mission is accomplished.

Bill considers his assignment here as a blessing.

"I've made rate very fast," the 29-year-old sailor relates, "and I'm

scheduled to begin Operating Room Technician School at the Naval School of Health Sciences in May 1993."

He fully intends to reenlist after his tour is up in March 1995.

At first glance, it would appear that the whole Doolittle family was medically oriented. His mother, Carole, is a nurse and his sister, Sharon, is studying nursing in college. However, there is the matter of his brother.

"My brother, Jim, is the exception," he says proudly. "He has become a collision specialist. He repairs cars that have been in collisions."

It's a fixing family. Part of the family fixes automobiles and the rest are busy mending broken people. If any of them owned a fax machine they would be a faxing fixing family. Did I say that?

There are over 1800 stories at Naval Hospital Oakland - HM3 Bill Doolittle is one of them. He is an outstanding sailor with a solid future:

NHO will conduct Disaster Preparedness drill April 15

On April 15, 1993, in conjunction with the State of California Earthquake Preparedness Month, Naval Hospital Oakland will conduct a disaster preparedness drill.

In order to preserve the element of spontaneity, the start of the drill will not be advertised; however, it will be completed by approximately 12 noon.

This is a good time for all hands to review the Naval Hospital Oakland Disaster Preparedness Plan. Watch the Plans-of-the-Day (PODs) for detailed information. The following excerpt is offered as an example.

If a major earthquake struck in your area today, you might be without assistance for up to 72 hours. Here are some steps to follow in your workspace:

- *Know safe spots in each room in your workspace.
- *Conduct practice drills. Physically place you and your staff in safe locations.
- *Learn how to do a basic damage assessment.
- *Maintain emergency supplies.

Red Rover

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Letters from Somalia

(Editor's Note: LT Curtis Andersen, MC, USN, was part of Naval Hospital Oakland's group of 15 medical personnel deployed to Somalia in December 1992. Attached to the First Force Service Support Group (FSSG), he was at the Group Aid Station at Mogadishu. In order of precedence, the Group's mission was to take care of the deployed U.S. Marines, coalition forces, journalists, non-government organizational people, such as The Red Cross, UNICEF and UN workers, and the Somalis. Andersen is a general medical officer currently stationed at Branch Medical Clinic Alameda.

Reprinted below are interesting excerpts from the letters Andersen wrote to his friends and family while he was in Somalia).

Jan. 13 "Asolamalakoom" (Greetings from Somalia)...I've been very busy here. We see about 50 to 60 patients a day, mostly industrial accidents and infectious diseases. We take care of U.S. Armed Forces personnel, journalists, French, Italian and other national army personnel and Somali who get injured in and around the port...Yesterday, I flew with the New Zealand Air Force and dropped leaflets over remote villages

along the food convoy routes. It's quite unnerving flying at 500 feet with the back end of your airplane wide open. The bill-size leaflets were written in Somali, advising the war lords to give up their weapons because, if they didn't, they would be confiscated. The leaflets also warned that anyone pointing a weapon toward U.S. troops would be shot.

"...I took a severely beaten nine year-old boy with a fractured jaw to a pediatric Somali hospital. The conditions were appalling. I could hardly stand some of the sights and smells of this place. Ironically, my visit lifted my spirits because the children were so excited to see an American. Many of them were so tiny; they just couldn't stop touching me and shaking my hands. When I left there I felt like all the sacrifices and separation from my own family were worth it..."

Jan. 24 "...Many of the Somalis are so proud of their country and very friendly. But the civil war and its aftermath have broken their spirits. I met a very desperate-looking man who, impassionately, described the Somalia that existed before the American soldiers came here. He wept as he told me of the bandits who

ruled the streets with their automatic weapons. These thugs would break into his house, he said, steal whatever they wanted, tie up his family and even rape his wife and daughters as he sat helplessly and watched...As a husband and father, I could hardly bear to empathize with this poor man's sorrow.

"...Christianity is rare here and I can't help but learn a lot about the Muslim religion. Interestingly, some of their beliefs parallel our own. For example, I was amazed to learn in a discussion with a Somali 'Elder' that their Muslim heaven has three levels, that the first man was named Adam, that his wife was made from his rib and that her name was Ava. Also, Ala (God) will reward good men with good women and they will live together forever. He told me that he had two wives and that, to be a good Muslim in his country, you should have four wives. He is still looking for two more 'Mrs. Rights.'"

Feb. 12 "...Subba Wan Axon," (Good morning)...My American patient load has decreased, but the drama of this place continues. Just last week on Friday, the Muslim Sabbath, I was summoned to the front gate of the port to evaluate a young Somali man



LT Curtis Andersen examines a Somali infant in her mother's arms during a medical civic action program, Jan. 17, 1993 in the capital city of Mogadishu, Somalia. Dr. Andersen is stationed at the Branch Medical Clinic Alameda, but was deployed to Somalia with the Group Surgeon of the First Force Service Support Group as part of Joint Task Force Somalia. (Combat camera photo by PHCM Terry C. Mitchell, USN)

who had been shot. At the scene on the side of the street, I discovered a young man who appeared to be about 17 years old, lying on a wooden wheel barrel. There was a large crowd of people across the street and a lot of arguing going on between Somalis, Marine Security and U.S. criminal investigative people...I was taken to the boy to see if there was anything I could do, but he had suffered a fatal shot to the head...An abbreviated autopsy [performed at an American

hospital] revealed that the bullet was more likely to be from an AK-47 than from a U.S. M-16, so this boy was probably killed by a Somali gunman — good news for us, but it certainly doesn't ease his grieving family's pain..." (Andersen left the Bay Area on Dec. 8. He returned to the Bay Area on Feb. 17 and was reunited with his wife, Malinka, and his two children, 7-year-old Blake and 3-year-old Jenna, who turned 3 on New Year's Day 1993).

Spirit of cooperation between two navies

On March 15, 1993, the All American Navy team played a soccer match against the their French counterparts from the ship, Jeanne d'Arc. Representatives of the U.S. Navy were selected from Bay Area commands, mainly NAS Alameda (HM15 Helicopter Squadron) and Naval Hospital Oakland (Branch

Medical Clinic — HM2 Duane Akers, NHO Blood Lab — HM3 Omar Carrillo, and NHO Medical Repair — HM2 Eulo Paredes).

The Jeanne d'Arc was on a good will world tour, anchored at Pier 45 in San Francisco. The French ship is an officers formation school and helicopter carrier.

Also on March 15, Oak Knoll's patient educator, Registered Nurse Aggie Freeman, and CDR Bruce Lavin, MC, of the hospital's Infectious Disease Division, made a presentation on HIV prevention to the Jeanne d'Arc's medical staff. Andre Khougaz, Oak Knoll's Surgery Clinic's patient contact representative, acted as facilitator/translator.

In the spirit of cooperation between the two navies, two French sailors were treated at Oak Knoll, with one of the sailors undergoing gall bladder surgery.



U.S. coach, HM2 Duane Akers from BMC Alameda shakes hands with French coach, Matelot Patrice Girard, after receiving a Good Will Plaque. Girard coaches the French team with 2nd Maitre Sergeant (Chief 2nd Class) Michel Blevin.



HM3 Omar Carrillo (second from left) kicks off.



With the French team captain, U. S. captain, HM3 Omar Carrillo, (left) displays the T-shirt received from the French Navy. Carrillo is assigned to the Blood Lab at Naval Hospital Oakland.

U.S. Navy photos by AA Kevin Cameron.

Civilian life insurance now a better deal

By Evelyn D. Harris
American Forces Information Services

Federal employees have an opportunity to choose government life insurance at new, lower rates during an open season held March 29-April 30.

The Office of Personnel Management reduced rates of Federal Employees Group Life Insurance by about 11 percent, from 18.5 cents to 16.5 cents for \$1,000 of coverage. The reduction was effective Jan. 10, 1993, the first day of the first pay period of the year. Department of Defense officials said paychecks due Jan. 29, 1993, or later reflect the change. The personnel office was able to cut the rates due to lower mortality rates and built-up interest on reserves, said officials. The insurance plan covers 4.1 million employees and retirees.

OPM Insurance Policy Division Chief Abby Block said the agency wanted to offer employees who had declined the more expensive coverage another chance to enroll. Current enrollees may add to their coverage. Employees already enrolled and satisfied with their present level of coverage do not need to do anything, said Block.

Open seasons for life insurance are rare, she said. The last one was seven years ago.

Employees who wish to enroll or add to their coverage should complete a Standard Form 2817, available from civilian personnel offices. OPM is distributing booklets explaining the insurance program to DoD agency personnel offices. It also has

a hot line for agency headquarters insurance/benefit advisers.

Basic Federal Employees Group Life Insurance coverage is equal to the actual rate of an employee's basic pay, rounded to the next \$1,000, plus \$2,000. The premium cost is not linked to age, so a 25-year-old and a 50-year-old who make the same salary pay the same premium—although employees age 35 and under receive double benefits at no extra charge. From age 36 to 45, the extra coverage drops 10 percent a year.

Rates for additional insurance options A, B and C are also lower for most age groups. Rates for Option A, and additional \$10,000 coverage, are lower for everyone 60 and younger.

Option B provides coverage up to five times the rate of basic pay after the pay is rounded to the next \$1,000. Rates for Option B, calculated per \$1,000 of coverage, are lower for all ages.

Payment for Option C, family coverage, have also been reduced. Family coverage costs are linked solely to the age of the employee and do not increase with family size.

Retirees may not participate in the open season. To carry federal life insurance into retirement, employees must have been enrolled for the last five years before retirement, said Block. Retirees' insurance premiums are deducted from their pensions until age 65.

(Editor's Note: Naval Hospital Oakland's employees may get Form SF 2817 from the Human Resources Office, Building 131. Point of contact for further information is Roberta Moore. She can be reached at (510) 633-6372)

Business as usual at BMC Moffett Field

By Andree Marechal-Workman

Base closure is an item very much on the mind of Bay Area Navy personnel these days, but at Branch Medical Clinic Moffett Field, it's just part of an everyday routine. The clinic is scheduled to be turned over to the Air Force when the naval air station closes in mid-1994, but until then, it's business as usual for the staff of this extraordinary Navy facility.

"As long as we're seeing patients, we're providing them the best care available," said LCDR R. J. Fletcher, Jr., MSC, USN, the officer-in-charge of the clinic. "Even if we have only one patient, we'll provide the best service that we can. Yes,

we're closing, but we still have an obligation to those that we treat."

Branch Medical Clinic Moffett Field, a Navy health care facility that was commissioned on April 12, 1933 as the Naval Air Station Sunnyvale Dispensary, is charged with providing general outpatient services primarily to active-duty military members. In 1991, Branch Medical Clinic Moffett Field was targeted for a 1997 termination by the Base Realignment and Closure Commission (BRACC). However, last year, the closure date was fast forwarded to "around June 1994," and it was learned that NASA would take over as host command, with the Air Force assuming charge of the branch clinic.

Since Oct. 1, 1989, the branch clinic has been a satellite of Naval

Hospital Oakland, under the administration of the director for community and occupational health.

The closure news was a shock for the staff of a clinic whose yearly patient load has been "over 82,000—roughly half active-duty and half military family members and retired personnel—" But it's comforting to know that military medicine may still be on hand to take care of at least some of that population.

"At this point it is unclear at just what level the Air Force is going to man the clinic," explained Fletcher. "But until they finalize their plans and take over, some time around May/June 1994, we'll be available to all beneficiaries."

This means a lot of hard work for the Navy clinic's staff of 16 civil service employees, 79 Navy corpsmen and three Medical Corps, one Nurse Corps and four Medical Service Corps officers. "We've been incredibly lucky that all our civilians have stayed as long as they have," Fletcher said, "because, as they leave, we don't replace them. And that's a shame because they're the heart of the operation."

But the patients always come first and the non-replacement rule does not apply to civilian physicians. In fact, they've been able to add contract and resource sharing physicians, and Fletcher has high expectations that he'll be able to continue full speed ahead "to the bitter end." Resource sharing physicians include four family practice full-time equivalents, one full-time equivalent gen-

eral practice physician and one and a half full time equivalent pediatricians. In addition, Fletcher hopes to "tie into the new OB/GYN Contract physician who has just been hired to rotate service among five of NAVHOSP Oakland's branch medical clinics.

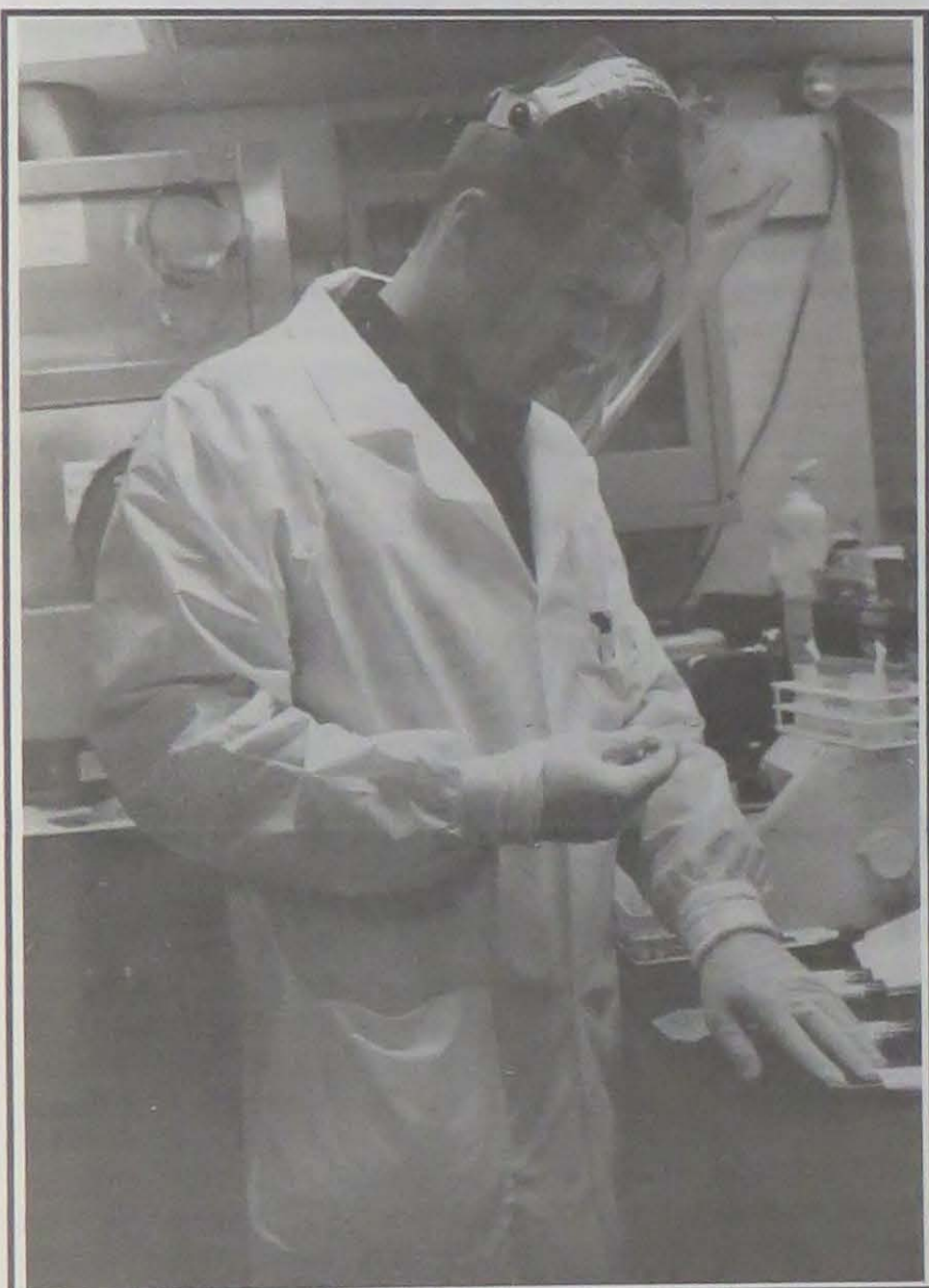
"It's been interesting," said the OIC, who, when he received his orders to BMC Moffett Field, thought he could look forward to another permanent change of station (PCS) before the ax fell. "It's a kind of unique situation because I want to make sure [my staff] meet their career goals where they want, but I also need to keep them here for as long as possible. At the same time, the situation is complicated by the fact that, if we were just closing, we could simply start to downsize. But we're going to transition over to the Air Force, and we must make sure that our closure plans marry up with their [the Air Force] plan and that there's no



LCDR Richard Fletcher, USN, MSC, Officer-in-Charge of BMC Moffett Field

gap in the service."

Occupational Health Technician Fannie Johnson is one civilian who hopes the Air Force will ask her to stay, but she's had a great time working for the Navy for the past two and a half years. It's been hard because of reduced personnel, but her motto that "one hug a day will get you through when a frown will push you behind" epitomizes the spirit of optimism that drives the entire staff of the doomed Navy clinic to provide the very best quality health care that they can.



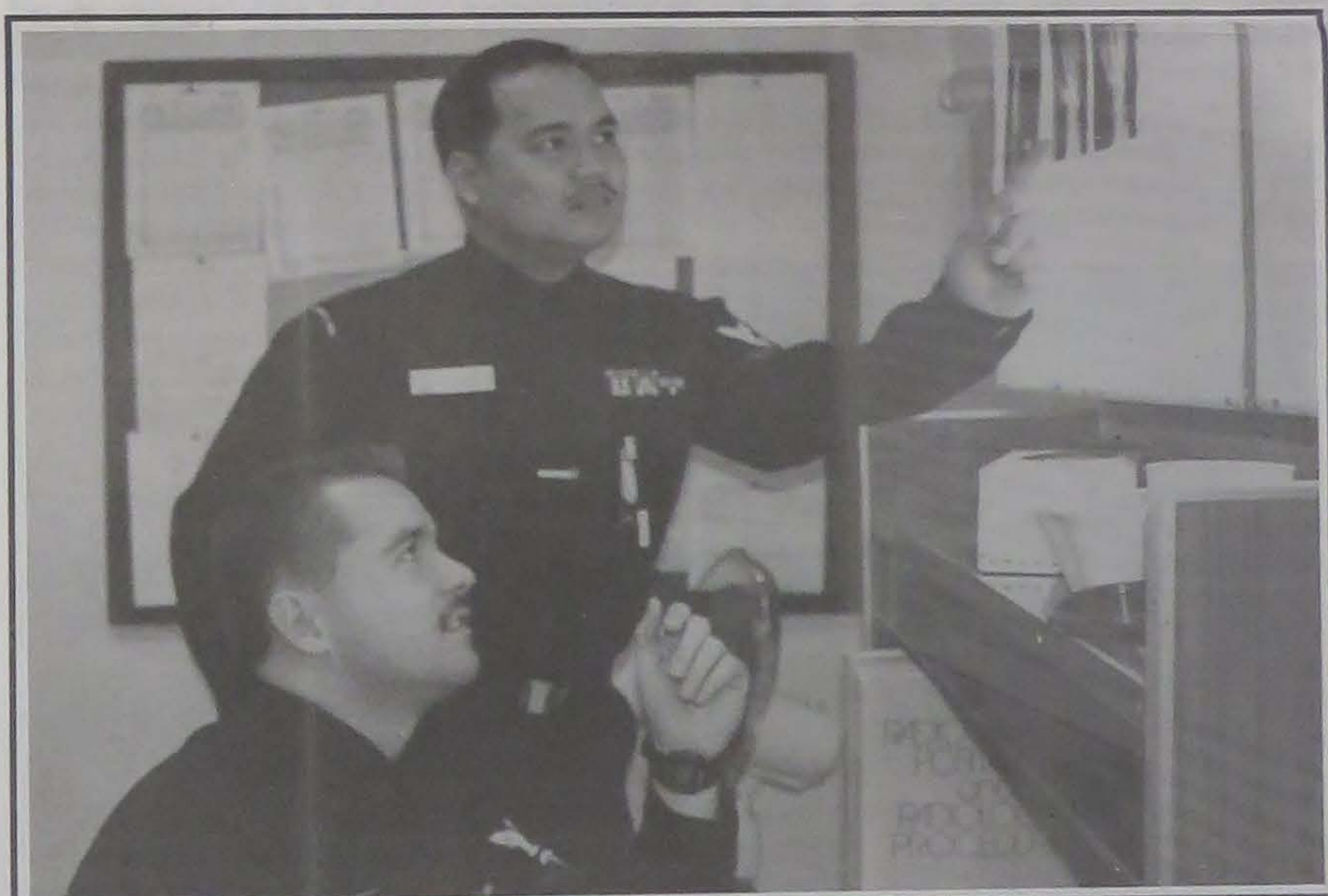
HM2 Thomas A. John of the BMC Moffett Field's Laboratory Department performs an analysis on blood samples.

Aye, aye sir

By AA Kevin Cameron

Motivating someone to make a career out of the military is an art. HM2 Jimmy Mosley has what it takes — a genuine love of serving the United States.

The soft-spoken husband and father of one spends all of his free time enjoying his family. His wife, Sherrie, is a former hospital corpsman, so she knows what it means to be in the Navy. Mosley comes from a large family. He is one of five children born in Denver, Colo., but



HM3 Robert Legaspi points out an interesting feature shown on a series of X-rays to HM3 Ronald Barbarick in BMC Moffett Field's Radiology Department.

he was raised in Missouri. With his two-year-old daughter, Cassandra, he's on his way to building his own sizable family.

Mosley entered the service in July 1986. His high academic scores in apprenticeship training was rewarded by an offer to be in the submarine fleet.

The diligent petty officer wears many hats during his normal day, and currently holds five positions at the medical clinic. Not only is he the leading petty officer for the Medical Supply Department, he is also the coordinator for the clinic's self-help program, Combined Federal Campaign and US Government bonds. His nonchalant, "I can do more," response proves his mettle.

He is currently working toward his Enlisted Aviation Warfare Pin.

Recently, he completed the Army Academy of Health Science's preparatory course to become a licensed practical nurse. In the near future, he will continue to coordinate the removal of excess gear until the Navy transfers out of Moffett Field.

Mosley admits that he has not yet had to reenlist. "I've always just extended," he said with a smile. In September 1993, he will opt to stay in the Navy. "I'll be here (in the Navy) until they tell me, 'Mosley, it's time to go,'" he said with confidence. He intends to do 20 years, plus any time he can sneak in after that.

After his service in Desert Storm, the dedicated Navy corpsman boasts: "I feel like I've done the ultimate in the military." He insists that "the military is here to serve, protect and defend our country. Everyone has to

know that is what we do." If the United States is called on again, Mosley will be the first to volunteer.

His ambition is to obtain a Marine Reconnaissance or Search and Rescue rate when he reenlists in September. Having been a nominee for Commander Pacific Wing Patrol Sailor of the Year, Mosley is motivated to do his best regardless of the title.

When Moffett Field changes hands in 1994, the supply LPO hopes that "the military will take care of the family members and retirees while the Navy downsizes."

Following orders without question, taking on extra duties and overwhelming responsibility makes HM2 Jimmy Mosley a great tribute to the U. S. Navy, with no end in sight.



HM2 Jimmy Mosley

March 26, 1993

Red Rover



Fannie Johnson and HM3 Eric Hagan.

Lifetime of service

By AA Kevin Cameron

It takes a special person to give time and energy to a program and expect nothing in return. Muriel Middlestead is that kind of person.

Muriel Middlestead has spent decades helping people in need.

Middlestead has filled the last seven years of her life at Naval Air Station Moffett Field donating her time for the Red Cross. At a time when most people are turning it in, Middlestead boasted, "I turned seventy today!" Her enthusiasm and fervor were overwhelming.

Middlestead volunteers in the Records Department at the Branch Medical Clinic at Moffett Field. Her three days of volunteering each week are

spent primarily taking care of the retirees and family members. She handles the filing of medical records as if she had done it since birth. Her volunteer work gives her the chance to interact with almost everyone at the clinic during her normal day. Almost beaming with pride she says, "everyone here treats me just great! It (the clinic) is full of great young people."

This Sunnyvale resident has two children: her son, Robert, and her daughter, Connie. A complement of 6 grandchildren keeps her busy at home as well.

"I was born and raised here in the Bay area," Middlestead said with a smile. "You couldn't force me to move anywhere east of Oakland."

Middlestead attended Polytechnic High School, in San Francisco, which has since been closed to make room for more condominiums. She remembers the time when, "Moffett used to be prune yards before the air station was ever here."

Middlestead's husband, who has passed away, retired from the Navy as a first class petty officer. "Because of him, I'm financially stable, and so I do my work for his sake," she said overflowing with pride. She gets great enjoyment out of her work and those whom she works with, "...they even call me ma'am," she said almost in disbelief.

Most of her enjoyment comes from not having a "desk" job. She was quick to point out that, "this is not doing work for nothing, it's helping someone."

Often she will come in to work extra days; and everyone is quick to give her a smile - and a record to file.

She looks forward to her work with the Red Cross and Moffett Field Branch Medical Clinic. Middlestead retired from San Francisco State University with 25 years of service as the information operator. After her retirement, she started volunteer work. With her husband's retirement, she has had the opportunity to give something back to people after all that she has been given.

"It's unfortunate that we have to close," she said quietly. Her only hope is that she will remain at the medical clinic after it changes hands sometime in 1994. If she leaves the clinic, she emphasized that "there are thousands of ways to volunteer." Where she works is not as important to Middlestead as being able to work.

Anyone who can continue to provide the care and concern for people, like Muriel Middlestead, deserves more than an award or a paycheck. The branch medical clinic is fortunate to have such a giving volunteer.

By MM2 John Dziki

CDR Nora D. Vasquez, MC, USN is a reason why recruiters keep sending flier after flier to medical personnel with military potential. The doctor had already been in private practice when she finally decided to answer one of the many recruiting fliers that the Air Force sent her.

A native of the Philippines, she completed medical school in Manila, at St. Thomas University, and completed her internship at Baltimore, Md., with a follow-on residency in internal medicine at Montefiore University in Pittsburgh, Penn. Then, after starting private practice, she decided that she wanted to relocate to the West Coast. The Air Force offered such attractive benefits, including relocating her and her family to Sacramento, that she immediately accepted.

She was an Air Force major for two years when she converted to the Navy. Her husband, Santy, whom she married in 1961, was working at the San Francisco Airport, and the daily commute to Sacramento was just too long.

Her first Navy posting was at Branch Medical Clinic Moffett Field and she soon grew to like it very much — lucky for her, because she spent the next eight years there. "Every time it was time for me to leave there wasn't any money, so they

just left me here," she said with a laugh. "That is, until they made me move because they said I had stayed in one place so long that I was hurting my career."

Vasquez's next posting was to New Orleans, La., an assignment she and her family enjoyed very much, in part because she was given family housing on flag row. "The officers were very friendly and at the same time very professional," she

reer at one base is that it gave her a chance to really know her patients, especially the retirees. That provided more continuity in their care—a luxury not given most military physicians.

She had planned for only a short stay when she first answered the recruiter's fliers, but she changed her mind after she realized military medicine was more fulfilling than private practice. "It's great to be able to practice 'pure medicine'



CDR Nora D. Vasquez, MC, USN.

said, "and the camaraderie was outstanding."

When time came for her next orders, Vasquez was looking for something exotic and new so, of course, the Navy sent her back to Moffett! But it was okay with her because she had so enjoyed her first tour. She noticed some major differences in the staffing, however. "At first there were around eight military doctors, not counting the flight surgeons," she explained. "Now we are down to three Medical Corps officers, with civilian contract doctors making up the shortfall."

What she found rewarding in spending so much of her ca-

where you don't have to worry about your patient's ability to pay," she clarified. "There is no arguing with an insurance company about whether the treatment is needed and there's definitely less paper work."

In three years she plans to join her husband, Santy, in a very active retirement. "I would like to spend half of the year here and the other half back in the Philippines doing volunteer work with people who couldn't get medical care any other way," Vasquez said.

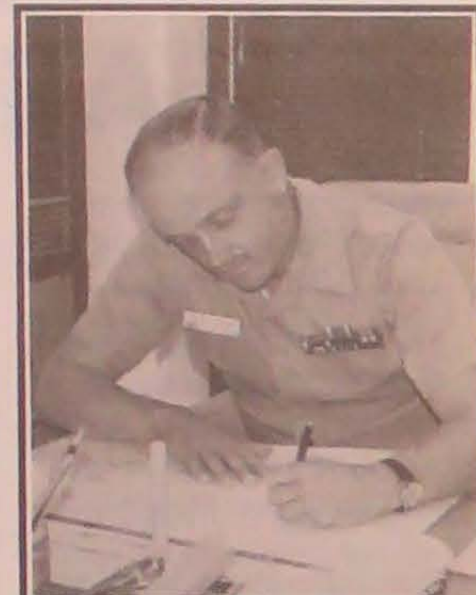
It seems that an Air Force recruiter did the Navy a favor when he kept on sending out those fliers.



LCDR Kevin Brooks, USN, MC, BMC Moffett field's senior flight surgeon.



Florence "Babe" Hallman, Red Cross volunteer.



HMCS B. J. Bennett, Command Senior Chief of BMC Moffett Field.

Chaplain Corner

Seeing through the mist

By LCDR David A. Winslow,
CHC, USN

Top of the Morning to You! This is the month of St. Patrick's birth, and even for those of us who are not Irish by blood, we are a little bit Irish for this happy celebration.

St. Patrick was a Roman nobleman. He was a well educated man and became a Christian. As a result

of his deep belief in God he felt called to go to Ireland, to bring the word of God to the pagans who lived there. Patrick journeyed along the excellent system of Roman roads to Roman Britain, the farthest outpost of civilization. Then he took a local ship, and made the crossing of the Irish Sea, going to the farthest point west in the known world of the north. The island of Eire was shrouded in mist in the morning, with a climate

more gentle than England's. When he landed at the seashore, he saw an immense expanse of bright green, the grass and growing things nurtured by the mist.

Patrick's work as a missionary was ultimately a success. The Irish heard the word of the Gospel and embraced Christianity. Patrick spent his life among his chosen people, teaching them more about the love of God. He left behind a prayer written in 450 A.D. that expresses the joy that comes through the love of God.

"I sing as I arise today,
I call upon the Father's might:
The will of God to be my guide,
The eye of God to be my sight,
The word of God to be my speech,
The hand of God to be my strength,
The shield of God to be my strength,
The path of God to be my way.
I sing as I arise today!"

I think we can learn two important ideas from Patrick's experiences. The first is that the mists of our lives can water them and make them green. For many of you, this time in your life represents a mist. You cannot see through it to the end. There is an element of fear that what you cannot see may be bad. You wonder whether the life that awaits at the end

Religious Services		
Catholic Mass	Mon-Fri	Noon
	Sunday	8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

In Memoriam Father Richard Mattie 1932 - 1993



Dental plan to offer improved benefits

By Evelyn D. Harris
American Forces
Information Services

An improved Dependents Dental Plan is slated for implementation April 1. Department of Defense officials are still working out the details, so specific information about the plan is limited.

Service members will pay more for the plan. Premiums are \$9.65 for a single family member and \$19.50 for two or more. Department of Defense officials said the increased cost is due to greatly expanded benefits. DoD will continue to pay the

majority of the premium, about 60 percent.

For the first time, the plan will cover orthodontics (braces), endodontics (root canal treatment), oral surgery (removing wisdom teeth), periodontics (treating gum disease), as well as crowns, bridges and dentures. Officials expect that the plan will ask patients to pay 50 percent of the cost for those services. The plan will impose a lifetime maximum benefit for orthodontic care per patient.

As in the past, the plan will cover examinations, X-rays, cleanings and fillings. Patients will pay 20 percent of the cost of sealants and fillings.

The plan is not offered overseas because no provider network is available. Overseas dependents receive space-available care in military facilities. Service members in the United States, Guam, Puerto Rico and the Virgin Islands will be automatically enrolled in the plan if they have eligible family members and are known to have at least two years remaining in service. All service members currently enrolled in the dental plan will remain enrolled, regardless of remaining time in service. Those who expect to stay in service for 24 months, who have not been automatically enrolled, may enroll by completing a DoD Form 2494 at their personnel centers. Ex-

cept for current enrollees, the minimum enrollment is two years.

Overseas service members may sign up for the plan at their personnel office one month before moving to their new assignment in the states or territories. This will ensure their families are covered from the first day of eligibility. Also, overseas military members with eligible dependents in the United States or territories may enroll those dependents. This is useful for families with college students or families of members on unaccompanied tours.

To meet an April 1 implementation date, payroll deductions will begin in March.

Service members will have

about five months to get out of the program, beginning March 1 and ending four months after the expected April 1 implementation. The government will refund the full premium for members who choose to leave during this period, provided their families have not used it after the expected April 1 implementation date.

DEERS

As soon as details are complete, the Defense Enrollment and Eligibility Reporting System Support Office will mail a letter explaining the benefits to all eligible sponsors. Local personnel activities and health benefits advisers can answer specific coverage questions in March.

Nutrition Corner

All salads are not created equal

By Barbara Andren, M.S., R.D.

I've often heard people say "I'll just have the salad bar—I'm trying to lose weight." But choosing lunch or dinner from the salad bar doesn't guarantee a low calorie meal.

The regular salad dressing can have as much as 180 calories per ladle. Standard ladles hold approximately 2 tablespoons of dressing—some are even larger. Pasta or potato salad have about 200 calories per half cup. Grated cheese, sunflower seeds, marinated vegetables and croutons can all add a substantial number of calories to your salad.

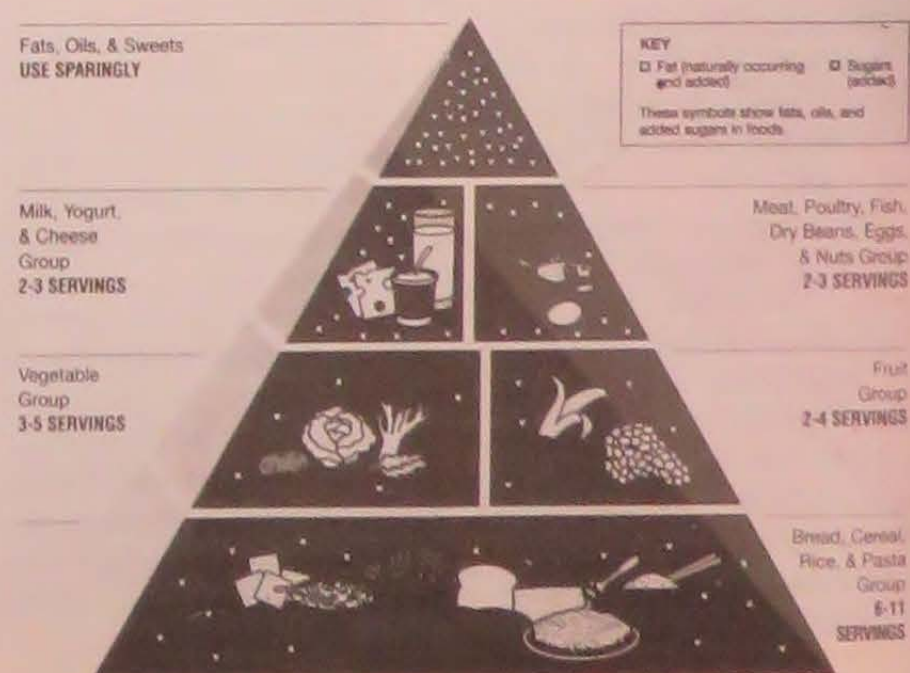
Compare the two salads below:

Low calorie		High calorie	
2 cups lettuce	16	1 cup lettuce	8
1/2 cup cucumber	4	1/2 cup cucumber	4
1/2 cup mushroom	4	1/2 cup mushroom	4
12 cup bell pepper	12	1/2 cup tomato	12
1/2 cup tomato	12	Shredded cheddar (1 oz)	114
1/2 cup broccoli	12	Sunflower seeds (2 tbsp)	162
1/2 cup garbanzo beans	42	Croutons (3 tbsp)	120
1 ladle diet dressing	60	Blue cheese drsg. (2 ladles)	304
1/2 cup pineapple	60	1/2 cup potato salad	200
222 calories		928 calories	

The 222 calorie salad fits in with a 1200 calorie diet; the 928 calorie lunch salad sabotages it. So, choose carefully when you go to the salad bar with the intention

of staying on a weight loss plan! (Editor's Note: Information was obtained from Bowes and Church, Food Values of Portions Commonly Used, 15th Ed., 1989.)

Food Guide Pyramid A Guide to Daily Food Choices



Help available for adults molested as children

By Sallie I. Sadler, LCSW
Chief of Counseling
FSC, NAS Alameda

Child sexual abuse is a devastating problem in our country that is gaining long needed public attention. A problem that we once thought of as a rare occurrence now is being revealed as affecting one in four American children, according to a recent 1990 study by the National Child Abuse Association. This finding includes both men and women as victims of this abuse.

Sexual abuse survivors face a difficult process of recovery. Abuse often destroys the victim's ability to trust and, in turn, love other people especially in close or intimate relationships. In the case where the sexual abuse is incestual, the bond of trust between the child and parent/guardian is often shattered, leaving in its place feelings of deep insecurity, guilt and shame.

The Alameda NAS Family Service Center Counseling Department is now addressing this serious problem. They have recently formed two Adults Molested as Children groups - one for women and one for men - offering help and support to aid the healing process to those affected by this problem.

Although the common childhood abuse is experienced by both genders, the underlying feelings

often manifest themselves differently in adulthood. Ann Klimek, MCAT, DTR, and Judith O'Leary, two counselors leading the women's group, remark that many women who have been sexually abused as children learn that their individual needs don't matter; that their purpose is to serve the needs of their abuser. As the abuse continues, the victim's sense of self is obliterated, and she becomes an extension of everyone she is close to. These children learn not to accept love without conditions and indebtedness.

Klimek and O'Leary go on to say that many of these women learn to cope with the pain and anguish of their situation by shutting off their emotions and becoming depressed, isolated and riddled with private guilt. These feelings continue into adulthood, and they are often accompanied with sexual and intimacy difficulties in relationships.

According to Jon Seirup, Ph.D., and Jerry Solt, MFCC, the two FSC counselors running the men's recovery group, there is a disparity between the way men and women deal with childhood sexual abuse. The primary difference, they say, is demonstrated by the difficulty men have in talking about their abuse and making a connection between their childhood experiences and adult problems in relationships. Both Seirup and Solt state that "it is easier for most men to talk about having been beaten up

by someone in a fist fight than to talk about this issue". Shame and fear of being judged by others appear to be central to the reticence evident in this population. Seirup, who is a clinical psychologist, explains that men try to cover up the effects of childhood sexual abuse; however, he adds that the facade usually starts to slowly break down in their late twenties and early thirties when problems begin to accumulate as they start taking responsibility for shaping their adult lives.

Seirup goes on to say that women abused as children seek therapy seven times more often than men. Solt, a specialist in men's issues, feels that group counseling is more conducive to healing the scars of male childhood abuse than individual therapy. The isolation, he clarifies, is reduced through group commonalities and sharing coping skills.

Both the male and female groups stress the importance of maintaining safety, confidentiality and support, allowing each member to address personal issues at his/her own pace and to formulate individual solutions. Participation is open to military and family members.

The counseling staff at FSC Alameda are all credentialed clinicians trained in the dynamics of treatment for childhood sexual abuse. Individual and group counseling is available. Call (510) 263-3141 for further information or to schedule an appointment.

HIV and You

by LCDR Catherine Wilson, NC, USN
Surgeon General's Representative for HIV Education Policy

BUMED Washington (NSMN) — In this third in a series on information and prevention of the Human Immunodeficiency Virus (HIV), we will continue our focus on condoms.

To recap the last column: It is important to stress that condoms are not 100 percent effective in preventing pregnancy or the transmission of diseases such as the HIV. Abstinence is the only fool-proof way to avoid exposure to the virus. Also, postponing sex until marriage or a long-term relationship with one partner are safer alternatives.

If you are sexually active: Reduce the number of partners and

have sex only with a partner who is not infected, who has sex only with you and does not use needles or syringes. If you are unsure about whether or not your sexual partner is uninfected, protect yourself with a latex condom and a spermicide. Never use needles or syringes for any drug, including steroids, unless under a doctor's care.

Question: What are natural condoms and how safe are they?

Answer: Natural condoms are made from the intestinal lining of sheep. Although these condoms work well as a birth control method, they do not provide reliable protection from disease agents, including HIV (the virus that causes AIDS). Experts recommend using only latex condoms for disease protection.

Question: I've heard of something called Nonoxyl-9. What is it?

Answer: Nonoxyl-9 is a

chemical that kills sperm and viruses including HIV—the virus that causes AIDS. Using Nonoxyl-9 alone may not prevent HIV infection. Using Nonoxyl-9 in conjunction with a latex condom will provide both physical and chemical barriers against HIV and other diseases. Remember: Nothing is 100 percent foolproof. Make choices that protect your life.

For more information or to become a certified HIV instructor, call the Navy Medical HIV Program at (301) 295-0048 or DSN 295-0048.

(Editor's Note: Points of contact for Naval Hospital Oakland's personnel are: Aggie Freeman, RN, in Patient Education, and LT Bill Clawson in the Education Training Department. The former can be reached through her pager at (510) 801-5545; the latter at (510) 633-8491.

Navy Family Service Center Alameda offers a variety of classes

Car buying

Stop! Look! Listen! Think! Before buying a CAR... "Car buying strategies" is a class you won't want to miss if you are considering buying a new or used car in the near future. Acquire the knowledge necessary to make an informed car buying decision. Call early to register. Thursday, Apr 15, 6:30-8:30 p.m.

CHAMPUS and Delta Dental

A representative from Foundation Health will be here to update the list of participating physicians and discuss any and all problems you've been having with CHAMPUS, CHAMPUS Prime and CHAMPUS Extra. Also during the evening we will discuss Delta Dental and highlight the new programs offered to military families, effective Apr 1st. Tuesday, Apr 20, 6:30-8:30 p.m.

Childbirth Education

Basic childbirth education classes will begin April 5 for four consecutive weeks ending on Apr. 27. Priority will be given to those in their last trimester. Labor coaches are encouraged to

attend. There is a \$50.00 fee payable directly to the instructor at the first class. Bring two pillows and a blanket to class. Monday, 6:30-8:30 p.m.

OMBUDSMAN Basic I

Basic I training will cover Ombudsman Instruction, Navy Relief, FSC, CHAMPUS, Delta Dental, budgeting, communication skills and more. Remember all spouses of commanding officers, executive officers chaplains and command master chiefs are encouraged to attend. Call to attend. Saturday, Apr 17, 9:00 a.m. - 3:30 p.m.

Telephone training for volunteers

Attention volunteers! The Family Service Center introduces a series of volunteer training workshops. (FSC volunteer staff and/or people who are interested in volunteering can participate in the workshops). Volunteer training is for you if you want to develop skills for reentry into the work force, update your present skills or do something in your spare time. Wednesday, Apr. 7, 10:00 a.m. - noon.

Oak Knoll Briefs

NADSAP/PREVENT Classes

The Navy Alcohol and Drug Safety Action Program is scheduled for April 5-9 1993. Classes will be held in Bldg. 75, Rm. 1, from 7:30 a.m. to 4 p.m. Monday through Thursday and 7:30 a.m. to 11:30 a.m. Friday. NADSAP/PREVENT plays an important role as a prevention course on drug and alcohol abuse. It is designed to promote health, fitness and well-being of naval personnel to increase naval operational readiness. In addition to drug and alcohol topics, NADSAP/PREVENT addresses values, health and physical fitness as well as timely topics such as suicide prevention, smoking cessation and AIDS. NADSAP/PREVENT has shown significant success in reducing alcohol and other drug incidents and is especially effective with the junior enlisted population. Participants may acquire two semester hours of college credit through the American Council on Education (ACE) catalog upon completion of this course. Point of contact is HMC Romero or HM1 Barrett-Gonzalez at 633-4945/4946.

LEAVE

Upon returning from leave all personnel must return their original leave request via guard mail or in person to MILPERS, Leave Section. If you do not turn in your original leave papers within five days of your return, you will be charged the full amount of leave based on the dates that you entered in blocks 14 and 15 on your original request. Also, if you cancel your leave or change your leave dates, you must notify the Leave Section. If you have any questions, please contact YN3 Erskine or HM3 Lazaga at 633-6514.

ENLISTED PERFORMANCE EVALUATION TRAINING

There will be Enlisted Performance Evaluation Training for military personnel in a supervisory position on March 30, 1993, in room 3-6-12, across from the Clinical Assembly at 1:30 p.m. all officers, GS employees, and enlisted personnel involved in writing enlisted evaluations are encouraged to attend. Seats are limited to 25, interested personnel may contact HM1 Santos at 633-5264.

Patient Appointment System

To schedule and cancel all clinic appointments, call
(510) 633-6000,
Monday through Friday, from
8 a.m. to 4:30 p.m.
No more busy signals!!!!
Speak directly with
an appointment clerk.

Navy base closure/realignment list

Naval Bases/Stations

Naval Education and Training Center, Newport, Rhode Island (ship berthing and maintenance activity)
Naval Submarine Base, New London, Connecticut (ship berthing and maintenance activity)
Naval Station, Staten Island, New York
Naval Station, Charleston, South Carolina
Naval Station, Mobile, Alabama
Naval Station Treasure Island, San Francisco, California

Naval Supply Centers

NSC, Charleston, South Carolina
NSC, Pensacola, Florida
NSC, Oakland, California

Naval Aviation

Depots

NAD, Alameda, California
NAD, Pensacola, Florida
NAD, Norfolk, Virginia

Naval Shipyards

Naval Shipyard, Charleston, South Carolina
Mare Island Naval Shipyard, Vallejo, California

Inventory Control Points

Aviation Supply Office, Philadelphia, Pennsylvania

Reserve Air Stations/Facilities

NAS, South Weymouth, Massachusetts
NAS, Glenview, Illinois
Naval Air Facility, Detroit, Michigan
NAS, Dallas, Texas

Naval Training Centers

NTC, San Diego, California
NTC, Orlando, Florida

Operational Air

Stations

NAS, Cecil Field, Jacksonville, Florida
NAS, Barbers Point, Hawaii
Marine Corps Air Station, El Toro, California
NAS, Alameda, California

Naval Telecommunications Activities

Naval Radio Transmitting Facility, Annapolis, Maryland
Naval Radio Transmitting Facility, Driver, Virginia

Naval Technical Centers

Naval Air Technical Services Facility, Philadelphia, Pennsylvania

Naval Electronic Systems Engineering Centers

NESEC, Charleston, South Carolina
NESEC, St. Inigoes, Maryland
Naval Electronic Security Systems Engineering Center, Washington, D.C.

Naval Surface Warfare Center-Dahlgren, White Oak Detachment, Silver Spring, Maryland
Naval Surface Warfare Center-Port Hueneme, Virginia Beach Detachment, Virginia Beach, Virginia
Naval Air Warfare Center-Aircraft Division, Trenton, New Jersey
Naval Undersea Warfare Center, Norfolk Detachment, Norfolk, Virginia

Naval Civil Engineering Laboratory

Port Hueneme, California
Planning, Estimating, Repair and Alterations (PERA) Activities
Planning, Estimating, Repair and Alterations (CV), Bremerton, Washington
Planning, Estimating, Repair and Alterations (Surface)-Atlantic, Norfolk, Virginia
Planning, Estimating, Repair and Alterations (Surface)-Pacific, San Francisco, California

Planning, Estimating, Repair and Alterations (Surface) (HQ), Philadelphia, Pennsylvania
Sea Automated Data Systems Activity, Indian Head, Maryland
Submarine Maintenance, Engineering, Planning and Procurement (SUBMEPP), Portsmouth, New Hampshire
Naval Surface Warfare Center-Carderock, Annapolis Detachment, Annapolis, Maryland

National Capital Region (NCR) Activities

Naval Air Systems Command, Arlington, Virginia
Naval Supply Systems Command, Washington, D.C.
Bureau of Naval Personnel, Arlington, Virginia
Naval Recruiting Command, Arlington, Virginia
Naval Security Group Command, Washington, D.C.
Tactical Support Activity, Washington, D.C. and Silver Spring (White Oak), Virginia
Other DON NCR activities relocate from leased to government-owned space

Administrative Activities

Marine Corps Support Activity, Kansas City, Missouri
1st Marine Corps District, Garden City, New York

Miscellaneous Other Support Activities

DoD Family Housing and Family Housing Office, Niagara Falls, New York

Naval Facilities Engineering Command

Western Engineering Field Division, San Bruno, California

Navy and Marine Corps Reserve Centers

Stand-alone Navy and Marine Corps Reserve Centers

Abilene, Texas
Billings, Montana
Fort Wayne, Indiana

Naval Reserve Centers

Great Falls, Montana
Missoula, Montana
Gadsden, Alabama
Memphis, Tennessee
Terre Haute, Indiana
Atlantic City, New Jersey
Montgomery, Alabama
Poughkeepsie, New York
Fayetteville, Arkansas
Macon, Georgia
Fort Smith, Arkansas
Jamestown, New York
Parkersburg, West Virginia
Staunton, Virginia
Kingsport, Tennessee
Joplin, Missouri
Pacific Grove, California
Perth Amboy, New Jersey
Altoona, Pennsylvania
Pittsfield, Massachusetts
Monroe, Louisiana
Hutchinson, Kansas
New Bedford, Massachusetts
St. Joseph, Missouri
Ogden, Utah

Naval Reserve Facilities

Alexandria, Louisiana
Midland, Texas

Naval Reserve Readiness Commands

Scotia, New York (REDCOM 2)
Ravenna, Ohio (REDCOM 5)
Olathe, Kansas (REDCOM 18)

Tenant Navy and Marine Corps Reserve Centers

San Francisco, California
Naval Reserve Center
Charleston, South Carolina
Vallejo, California
Dallas, Texas
Naval Air Reserve Centers at:

Alameda, California
Memphis, Tennessee
Barbers Point, Hawaii
Marine Corps Reserve Centers

Glenview, Illinois
South Weymouth, Massachusetts
Mount Clemens, Michigan
Alameda, California
El Toro, California
Garden City, New York
Dallas, Texas

Marine Corps (Wing) Reserve Centers

Dallas, Texas
Millington, Tennessee

Naval Reserve Readiness Commands

Charleston, South Carolina (REDCOM 7)
San Francisco, California (REDCOM 20)
Dallas, Texas (REDCOM 11)

Naval Hospitals

NH, Charleston, South Carolina
NH, Orlando, Florida
NH, Oakland, California

Public Works Centers

Public Works Center, San Francisco, California

Training Air Stations

NAS, Memphis, Tennessee
NAS, Meridian, Mississippi

BRAC-91 Changes

Hunter's Point Annex to Naval Station, Treasure Island, San Francisco, California
Naval Weapons Evaluation Facility, Albuquerque, New Mexico
Naval Electronic Systems Engineering Center, San Diego, California
Naval Mine Warfare Engineering Activity, Yorktown, Virginia (now Naval Surface Warfare Center-Port Hueneme, Yorktown Detachment)
Naval Air Facility, Midway Island
Marine Corps Air Station, Tustin, California

BEQ Xpress NHO basketball champions

By AA Kevin D. Cameron

March 16, 1993 will go down in the books as the day the Bachelor Enlisted Quarters' basketball team banished the Morale Welfare and Recreation 'Slashers' from the NHO kingdom. BEQ began the game with a bang. Indicative of their style, MWR utilized a standard 2/1/2 zone defense. BEQ countered with a 1/2/2 but installed a new twist to their defense; Anthony Turner, the center, played the point in the zone. This tied up the center of the court worse than rush hour traffic on Interstate 80. Both teams were forced to launch outside shots from beyond the three point range. MWR's shots were consistently on line, good arc but

had more rim than the Grand Canyon. Adding to their frustration was the BEQ's tedious full court press.

MWR was able to break through the press and get a few shots off uncontested. Unfortunately, the press got harder and more effective cutting off the fast break attempts and limiting the 'Slashers' to a rushed, one or two pass offense. BEQ, on the other hand, got consistent penetration inside the key through the zone. MWR's defense left a hole under the basket bigger than Detroit. Meanwhile, Turner was busy sinking three 3-pointers in the first half. After 11 minutes of pushing the ball up the court, BEQ shifted gears and set up their offense, getting at least three and four passes before taking a shot.

BEQ had the decided advantage in height, and dominated the boards, offensively and defensively, getting numerous second attempts. In the last 2:30 of the first half, MWR cut the lead to only four points due to a sleeping BEQ team. The score at the half looked more like the most expensive car insurance group: MWR 21 and BEQ 25.

What a second half! Everyone started the second half like the first; conservative. Both teams stayed in zone defense and continued to taking off-balance long shots, heaving the ball at the goal. Whatever the MWR coach said to his team at half really sparked James Brown into action. Brown catapulted his team into a shooting arsenal. Repeatedly, he hit the bottom of the net from three point range. This half was to be a battle between Turner and Brown. Turner was unstoppable on the drive but chose to hit the net from long range. Given BEQ's decided advantage on height, Brown resorted to hitting the long bomb. Both teams were being adrenalized by the output from these two. BEQ continued with its constant pressure on the ball and was rewarded with seven turnovers. Unlike the regular season, BEQ converted

BEQ's title winning roster

Head coach: Anthony Brown
Asst. coach: LeTitia McCoy

Players:

ABH3 Kevin Adams	MS3 Kandice Lewis
PC3 Chris Allen	SM2 Loren Littleton
HM3 Anthony Brunson	YN3 Dwayne Travis
HM3 Kelvin Hopson	MS2 Edward Tucker
MS3 George Jones	HM3 Anthony Turner
HR DeWayne Lee	HM3 Samuel Williams

these turnovers into points and increased the lead. The 'Slashers' crumbled under the pressure and retreated to a man-to-man defense trying to create turnovers of their own...nothing doing.

The sea-saw battle that was indicative of the first half was gone. In its place, an aggressive run and gun offense for both teams followed with an equally impressive hustle defense. But, with everything, someone has to be better. This season it was the BEQ team. The intensity in the Gym was pouring out the doors. Everyone in that gym knew what this

game meant—no one wanted to lose.

The final part of this game was reminiscent of playground basketball. The dominant BEQ team did whatever they wanted. For example, with only 2:14 to go in the game, BEQ's Kelvin Hopson got the outlet pass from a Turner steal, and sent a monster two-hand jam down the throat of the MWR defense. With the nail in the coffin, time ticked away. BEQ had come from a distant third place, three games behind the 'Slashers,' to the victory circle. When the dust settled, BEQ had won 63 to MWR's 47.

Final standings for 1993			
	Won	Lost	Pct.
BEQ	18	5	.782
MWR 'Slashers'	16	6	.750
Laboratory	13	9	.650
Pharmacy	10	13	.478
Nuero-Psych	4	16	.200
Physical 'Terrorists'	3	17	.150

The Red Rover

The Navy's first commissioned hospital ship

Vol. 5 No. 5

Naval Hospital Oakland, California

April 16, 1993

Joint Commission on Accreditation of Healthcare Organizations survey team here May 10, 11 and 12

Text and photos by
JO2 Stephen R. Brown

A survey team from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will be at Naval Hospital Oakland, May 10, 11 and 12, to review patient care and internal processes supporting the provision of quality health care.

The survey is conducted every three years at civilian and military medical treatment facilities (MTF) to evaluate the quality and appropriateness of care being rendered. After the survey, a decision to award accreditation is made by the JCAHO in Chicago who will send official notice to the commanding officer in 60 to 90 days.

"The hospital is accredited as a whole," said CDR Vicki Goff, command Quality Assurance Coordinator. "All departments are involved with a focus on those directly related to patient care."

The findings of the survey may result in one of these decisions:

(1) Accreditation. Accreditation is awarded when the MTF demonstrates substantial compliance with the majority of key items as referenced by the Joint Commission.

(a) Accreditation with Type I recommendations. This type of accreditation is awarded when an MTF is able to demonstrate substantial compliance with many key items but still has a few deficiencies.



JCAHO Task Force members, CDR Vicki Goff, ENS William Henry, Quality Assurance Department, and William Collins, Social Services Department, listen as members discuss the upcoming survey.

(b) Accreditation with Type II recommendations. This type of accreditation is awarded when corrective actions are required to improve the function of the MTF.

(2) Conditional Accreditation. Upon notification of conditional accreditation, the Joint Commission will require the development of a corrective action plan to be submitted within 30 days of notification.

(3) Nonaccreditation. If during the survey, the team finds noncompliance with the key standards, a summary nonaccreditation will be given. Nonaccreditation is also likely if the team discovers deficiencies which pose an immediate threat to life.

"To my knowledge, there has

never been a Navy medical treatment facility that has failed accreditation," said Goff.

"Accreditation by the JCAHO tells our beneficiaries that we have met the high standards established by the Joint Commission and we are totally committed to quality health care," said Goff. "I think another reason accreditation is important, in that it gives the Navy and military medicine an opportunity to compare our performance with our civilian counterparts."

A 28 member task force led by CAPT Michael Little, director for Medical Services, was created to review the 1990 JCAHO survey and to prepare for the upcoming survey.

The 1990 JCAHO survey report

hospital among the most effective accredited organizations.

Begun in 1951, JCAHO is a private, non-profit, nationally recognized organization made up of members from all major professional health care organizations.

Its mission is to evaluate the quality of health care provided to the public by developing standards of quality in collaboration with health professionals and stimulating health care organizations to meet or exceed the standards through accreditation and the teaching of quality improvement concepts.

All hands are reminded to review their departmental and safety Standard Operating Procedures (SOP) manuals and Quality Assur-



JCAHO Task Force members discuss the upcoming survey.

indicated that Naval Hospital Oakland received an overall accreditation grid score of 90 or above (out of a possible 100) which placed the

ance and Improvement plans. See page 8 for a list of possible questions that you could be asked by a JCAHO survey team member.

From the XO

A word about the command's new Safety Manager



CAPT Noel A. Hyde

The safety of staff members, patients and guests is especially important for a medical command such as ours, and I'd like to take this opportunity to introduce Mr. Bobby Neal, Naval Hospital Oakland's new Safety Manager. He came to us with high recommendations from Letterman U.S. Army Hospital in San Francisco, where his performance was cred-

ited with marked improvements in JCAHO's (Joint Commission on Accreditation of Healthcare Organization) survey over evaluations in previous years.

In addition to the Executive Officer and the Deputy Equal Employment Opportunity Officer, the Safety Manager has direct access to the Commanding Officer for all issues involving the safety of per-

sonnel aboard the command. This Navy-wide policy is significant because it insures that no information relating to an unsafe environment affecting our staff or our patients can be improperly withheld from the Commanding Officer.

This is not to say that Mr. Neal is solely responsible for the safety of the command's staff, patients and visitors. In fact, it is quite the opposite. Safety is everybody's responsibility — in the clinical areas, in the administrative workplaces and on the hospital grounds — in other words, anywhere that hazards can be involved. However, we're very lucky to have Bobby on board because he can help us become safety conscious, self-sufficient individuals. He is totally committed to the concept of a proactive safety program. I know that he and the other members of the Safety Office go out of their way to look for hazards be-

fore someone gets hurt, and they do this with a helpful attitude and infinite patience. They want to help us learn to prevent accidents rather than to investigate how an accident occurred. This attitude is very important because our safety program involves more than just the staff; it involves the safety of our patients and our guests who come aboard the compound.

A particularly significant area of our safety management program is our hazardous materials (Hazmat) program because of the risks involved with the many chemicals used on the compound. With the help of Bobby's team, the command will reduce those risks through education and through learning to substitute highly toxic with less dangerous substances.

You will hear a lot from Bobby Neal and his safety staff in the coming months. His proactive game plan includes sending at least

one of his team out each week to teach people how to be safe and stay safe. So please listen to what the safety team has to say. The life they may help you save may not only be your own, but of almost everyone at the command.

(See related story, page 3)

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Questions you might be asked by a JCAHO survey team member...see page 8

Oak Knoll Viewpoint

What is your involvement with JCAHO survey?

Official U.S. Navy photos by MM2 John Dziki

HM3 Stacey Babcock
LPO Nursing Services



I'll be important in the overall preparation of Nursing Services for the inspection because I'm the occupational safety representative and the safety petty officer.



Gloria Bonds
Safety Specialist

I will go through workspaces to conduct safety inspections. I'll emphasize high interest items such as workplace safety standard operating procedures (SOP) and will ask random questions regarding hazardous materials like, "What is an MSDS?"

LT Lea Cadle
Head, Clinical Nutrition
Division



I'm the JCAHO representative for our department so I have the responsibility of ensuring we are in compliance with all Dietetic Services Standards.



Bernadette Meek
Head Data Management
Division

To provide any data required since we have all of the data at the hospital.

HMC Kenneth H.
Schroeder
Division Officer,
Outpatient Records



I help ensure that all the records in the branch clinics are uniformly correct. This is of great importance to the doctors who need to have the correct information at all times, so, of course, the JCAHO will be looking at us closely.

Transition assistance programs for federal employees



Zanella Chatman

Several Bay Area military installations have been hard hit with the first round of base closures. More recently, a staggering number of Navy installations have been added to the 1993 recommended list to DoD's independent Base Closure and Realignment Commission (BCRC). Regardless of the final outcome, now is a good time to take a look at the transition assistance programs available to federal employees because we will all

be affected whether or not our workplace is on the final list adopted by BCRC.

One way civilian employees can begin to prepare for possible downsizing, base closure or any other Reduction In Force (RIF) activity is to register in the Defense Outplacement Referral System (DORS).

According to Human Resources Personnel Specialist Zanella Chatman, DORS was created to assist DoD personnel and their spouses affected by downsizing, base closure or RIF. They can register in DORS, subject to the following guidelines:

- * Registration in DORS is completely voluntary.

- * Employees may register for up to five skills for which they are fully qualified.

- * Employees must be able to demonstrate they can perform the duties.

- * Final decision on qualifications will remain with the employee's Human Resources Of-

fice (HRO).

Chatman explained further that registered individuals who fall within the above guidelines would, then, be referred to DoD activities, all non-DoD federal agencies, the private sector and state and local governments for the geographic area selected by the registered employees.

"They will remain in the DORS system for one year from the date of their registration," Chatman continued. "Official job offers will be made through the employees' HRO. They may decline any offer made to them without removal from DORS; however, it is important they seriously consider any valid offer made to them."

Civilian employees interested in registering in DORS should contact their nearest servicing personnel staffing specialist, with a current SF-171 and resume in hand. For Naval Hospital Oakland's staff members, point of contact for registration and/or additional information are Zanella Chatman and

Ruby Galloway. The former can be reached at (510) 302-4851; the latter at (510) 302-4854.

(Editor's Note: Two other key DoD transition programs — the

Homeowner Assistance Program (HAP) and Priority Placement Program (PPP) — will be discussed in subsequent issues of The Red Rover.) (AMW)

A letter from the surgeon general

Congratulations Navy dental technicians

Since April 2, 1948, the professionalism and dedication exhibited by the men and women serving as dental technicians have contributed significantly to the Navy and Marine Corps. On behalf of Navy Medicine, it gives me great pleasure to extend congratulations and best wishes as you celebrate your [45th] anniversary. By your professionalism, competence and caring, you have enhanced and expanded your reputation. Your loyalty to the sailors and Marines with whom you serve is legendary. At sea and ashore, through war and natural disaster, you have met every challenge with perseverance and fortitude. I am confident that you will continue to build on the proud tradition of service and commitment to excellence that has been the standard of these 45 years. Best wishes and happy anniversary.

S/ VADM D. F. Hagen, MC, USN

PREVENT New name for NADSAP

PREVENT is the acronym for Personal Responsibility and Values Education and Training. The name change reflects the expanded scope of the course to address behaviors in addition to drug and alcohol abuse that impact Navy Readiness.

May 17-21, Education and Training Department will offer PREVENT classes in Building 75, Room 1, as follows: Monday-Thursday, 7:15 a.m. - 4:15 p.m., Friday, 7:15 a.m. - 12:30 p.m.

These classes, which play an important role as a prevention course on drug and alcohol abuse, is designed to promote health and well being of Navy personnel and to help increase naval operational readiness.

In addition to drug and alcohol topics, PREVENT addresses values, health and physical fitness. It also addresses timely issues such as suicide prevention, smoking cessation and AIDS. PREVENT has shown significant success in reducing alcohol and other drug incidents, and is especially effective with the junior enlisted population. Participants may acquire two semester hours of college credit through the American Council on Education (ACE) catalog upon completion of this course. Points of contact are HMC Crispin Romero or HM1 Melanie Barrett-Gonzalez, of Health Promotion Services. They can be reached at (510) 633-4945, 4946.

Red Rover

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NHO Sailor of the Month

Doing more than your job

By AA Kevin Cameron

Experiences outside of the Navy have a great impact on in-service performance. Naval Hospital Oakland's most recent Sailor of the Month, HM3 Joselito Aviado, uses past experiences to help him succeed.

The Medical Intensive Care Unit's (MICU) corpsman has been in the Navy for two and a half years. "It's really quite an honor. Out of 220 people who signed up for service, only 29 were given interviews and eight of those were chosen to enlist," he pointed out—half boasting. He had been attending Holy Angel University while working in his uncle's ready to wear jean factory to support himself.

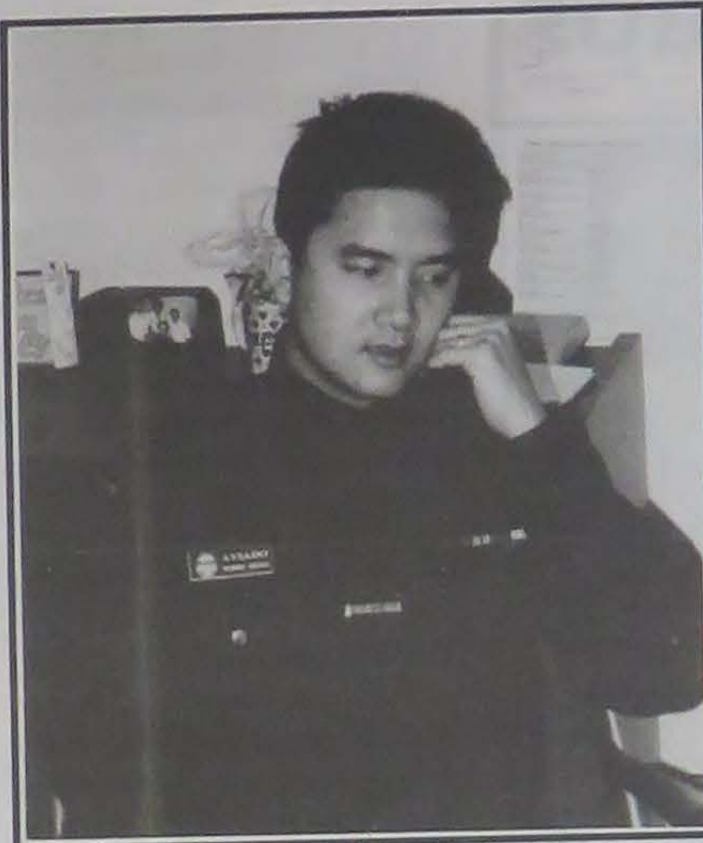
Aviado joined the Navy while in the Philippines and was shocked at the one-week pre-boot camp training he received

at Subic Bay. "I was sent to the base for one week of special training before the government would allow me to fly to the US for boot camp," he remembered. While there, Aviado was taught the basics of making his rack, uniform wearing and caring and general bootcamp skills.

Unfortunately, on his third day of training his appendix ruptured, sending him to the Subic Bay base hospital. During his confinement and the five-month delay caused by the rupture, Aviado worked at the Personnel Support Detachment Office for the chief of the department.

The current MICU leading petty officer recalled that "basically, I was a coffee runner. I wasn't even a 'booter,' I hadn't been trained in anything. All I had was my experiences with my uncle's business."

This was a difficult time for the sailor who had received a five-year degree in Electrical Engineering in the Philippines



HM3 Joselito Aviado

and worked hard toward obtaining the Philippine equivalent to the state boards. He became frustrated with the red tape entanglement and the fire that destroyed all of his paperwork and, at that time, decided to join the

the lucrative Electrical Engineering field and opted for health care.

In July 1990, Aviado signed his six-year contract with the Navy and, in return, went to Corpsman 'A' School. The

Navy.

But more frustration was in store for Aviado when he learned that his five-year degree was not completely honored in the U.S. He was told that he would have to go back to school for one to two years, just to have his equivalent from the Philippines. He lost interest in

Angeles City, Philippines native received orders to Naval Hospital Oakland and was assigned to 9 West, Internal Medicine. After 11 months in 9 West, in order to increase his professional experiences, he requested and was granted a transfer to MICU.

On April 14 he took the Licensed Vocational Nurse California state test and is waiting for the results. He will leave NHO at the end of June to attend advanced lab school in San Diego.

"Being Sailor of the Month is really an honor, I think it takes more than just doing your job—you have to care about people," he concluded.

Through caring for people, attention to the smallest detail, dedication and loyalty to Naval Hospital Oakland, HM3 Joselito Aviado has become a success story for the US Navy.

Aviado lives with his wife, Yoly, and the couple's 10-month-old daughter, Jasmine.

Safety and basketball have a lot in common

By MM2 John Dziki

On the basketball court and on the job, Naval Hospital Oakland's new safety manager, Bobby R. Neal, believes in starting out with a winning game plan.

He played college-level basketball at Stillman College in Tuscaloosa, Ala., until 1962. He was drafted in 1963, but into the U.S. Army, not the pros.

The Army sent him to Berlin, Germany. He was talented enough to be selected for a combined Army and Air Force Basketball Team. He played so well and with such style that he was called "Flashy Bobby Neal" by Stars and Stripes, a nickname he has been stuck with ever since.

Neal said: "It was really great because of all the traveling we did. They sent us all over to places like Spain, Italy, Libya, Great Britain and Denmark."

His first experiences in the Army were so positive that he made it his career, not retiring until 1989

as an enlisted medical supervisor sergeant major. His career included two tours in Vietnam, where he earned the Combat Infantryman's Badge and was awarded the Bronze Star.

He played so well and with such style that he was called "Flashy Bobby Neal"...

One thing that Neal learned fast in the Army was that he needed to make and follow a game plan to succeed, whether on the basketball court or on promotion boards. Neal saw that "there were some people who made every promotion and some who never got promoted." So he adopted the winner's game plan that included superior service and a thorough study of advance-

ment requirements.

However, Neal's safety career was not planned. When he was transferred to Letterman Army Medical Center in San Francisco in August 1984, he had no previous experience in safety so, of course, they made him fire marshal. "I just flat out fell in love with the field," he said. "I just flat out loved going out to talk to and motivate people to be safe."

The Army was so pleased with his performance as fire marshal that he took over the safety manager's position. This was very unusual because he was an E-9 holding a GS-12 spot. His performance was credited by the command with marked improvement in safety scores on the Joint Commission on Accreditation of Healthcare Organizations' survey over previous inspections.

The native of Tuscaloosa retired from the Army, but he remained in the same position as a civilian, in part because of this wife, Gabrielle. He said he had planned a move to Arizona, but when she found out there wasn't any Macy's or Nordstrom there, she told him "fine, you can go. I am staying here."



Safety manager, Bobby R. Neal

One thing that he credits for his success is emphasizing proactive safety in his safety game plan. Neal and his safety team "go out and meet the people to look for safety hazards before they hurt somebody." And he seeks to do this without nagging anyone, by emphasizing education over correction, by stressing "that he and his team are there to educate people, not to catch them doing

something wrong."

Bobby Neal is not only safety conscious, he's witty, gregarious and congenial. He charms people into following the rules of safety. "Safety is not just something to worry about for inspections," he cautions. "Safety is something that needs to be done everyday if we are to provide a safe environment for our patients, visitors and ourselves."

Navy chief petty officers celebrate centennial

By PHC (SW) Jeffrey A. Elliot, USN

The proudest moment in a sailor's career is the first time he or she hears the call, "Hey, chief!"

A full century of those moments were recalled April 1 as more than 59,000 U.S. Navy chief, senior chief and master chief petty officers celebrated the Chief Petty Officer Centennial.

Chiefs around the world commemorated 100 years of leadership that began with U.S. Navy Regulations Circular No. 1 dated March 13, 1893, authorizing certain first class petty officers to be advanced to the rate of chief petty officer on or after

April 1, 1893.

However, "the chief" was around long before the rank was officially recognized by the Navy. Although they were not paid more than other petty officers, boatswain's mates and gunner's mates who were senior to their shipmates were called "chief."

This tradition apparently started in 1864 and was continued until April 1, 1893, when chiefs were officially recognized by the Navy. On that day, almost all first class petty officers were promoted to chief petty officer and were given a subsequent pay raise. Depending on the rating, the new chiefs were to be paid \$50.00 to \$65.00 a month.

Promotion in the early days of

the Navy was based on commanding officer's recommendation to the Bureau of Navigation, Bureau of Personnel. Initially, sailors served in their new rates with acting appointments. A chief usually held this acting appointment for one year before he was recommended for a permanent appointment.

Chiefs who received permanent appointments would breathe easier knowing their commanding officers could not reduce a CPO to a first class for ineptitude. A court-martial and BUPERS authorization was necessary to demote a chief to an acting appointment. This procedure was dropped Nov 1, 1965.

As America entered the war against Germany in 1917, Navy Sec-

retary Josephus Daniels authorized the enlistment of women into the Navy. These women were called yeomanettes, and more than 11,000 served honorably as chief yeoman. It was not until their service during World War II that women were to become a permanent and integral part of the U.S. Navy.

Senior chiefs and master chiefs came into being with the 1959 Amendment to the Career Compensation Act of 1949. Effective June 1, 1958, the amendment established the E-8 and E-9 paygrades in an effort to provide additional recognition and prestige to individuals with outstanding technical, supervisory and leadership qualities.

These qualities have been im-

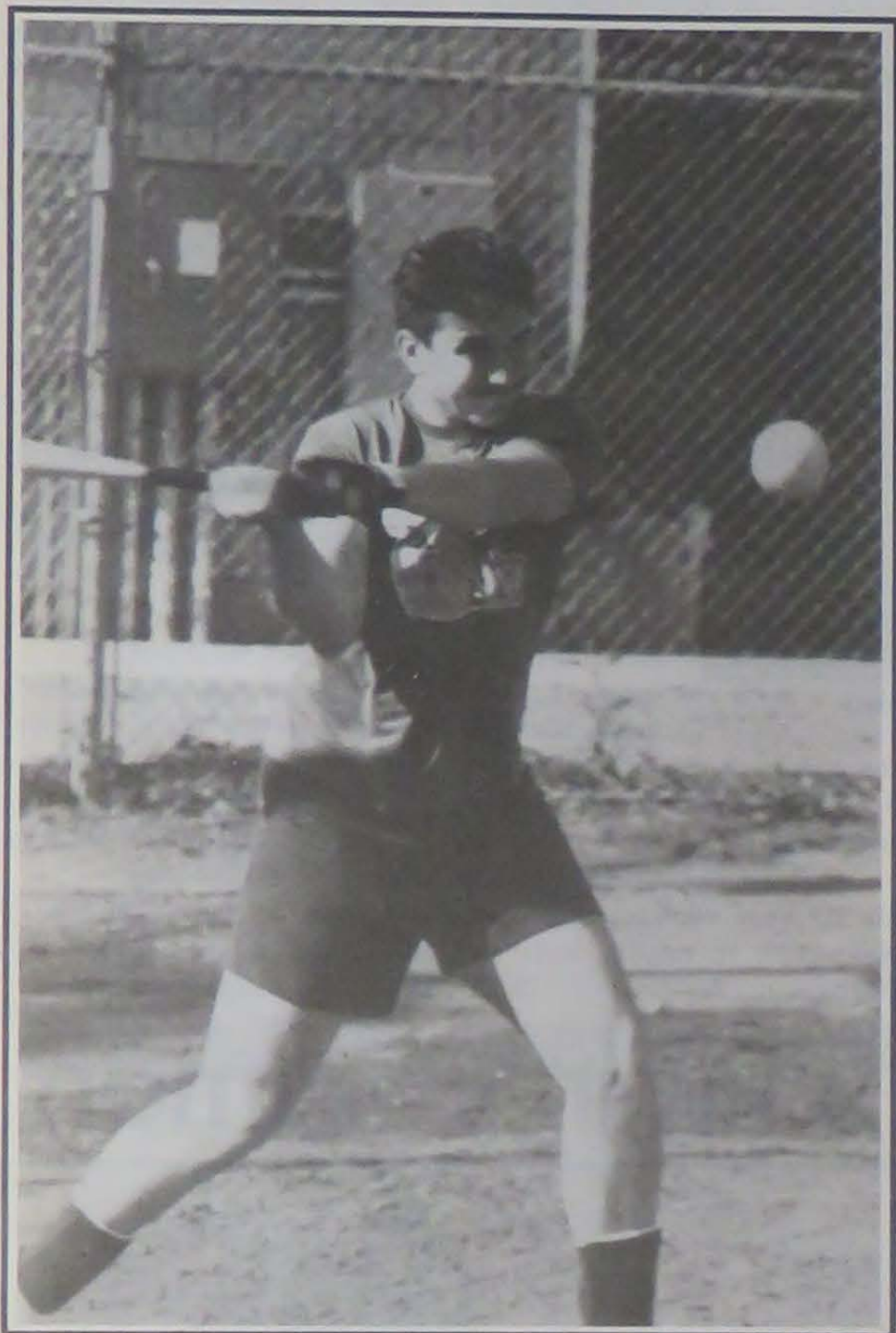
mortalized in a line from the coveted Chief Petty Officer's Creed that reads, "It is now required that you be the fountain of wisdom, the ambassador of good will, the authority in personal relations as well as in technical applications. 'Ask the Chief!' are household words in and out of the Navy. You are now the chief."

As we celebrated the Chief Petty Officer's Centennial on April 1, it is interesting to note that only two ratings established with the Navy in July 1797 are still with us today: boatswain's mates and gunner's mates. In a world of constant change, one thing does seem certain. As long as there is a Navy, there will always be boatswain's mates, gunner's mates and chief petty officers.

Keeping fit at Oak Knoll

Softball perhaps

Text and official U.S. Navy photos by AA Kevin Cameron



HM3 Rich Dreisbach hits pop-flies to his Lab teammates on April 5 at the NHO softball fields.

Spring comes rolling in with a crack-boom-bang: 16 teams have signed up for the 1993 Intramural Softball League. Thanks to the great weather, this year's season started April 12. With so many teams playing, games will be held Monday through Thursday with starting times at 6:15, 7:30 and 8:45 p.m.

The league consists of a standard 16 game round robin. The teams with the best records will go on to the playoffs, tentatively scheduled to begin the Tuesday after completion of the regular season. Come out and watch your favorite team: The Meat Cutters, Surgi-Lubes or the Dancing Bears, among others.



HM2 Jeff Rogers tosses the ball home.

1993 Slow-pitch softball teams

- *2) Laboratory
 - 3) Red Devils
 - 4) Infectious Waste
 - 5) Physical Terrorists
 - 6) Patient Admin
 - 7) Dancing Bears
 - 8) S. Decke
 - 9) Outlaws
 - 10) Respiratory Therapy
 - 11) Nitro Drips
 - 12) Economy Assessments
 - 13) B B 's
 - 14) Stew Burners
 - 15) Surgi-Lubes
 - 16) Meat Cutters
 - 17) Psych-Clones
- *No.1 was ekiuminated



(From left) HM3 Rich Dreisbach, HM3 John Krajnovich and HM2 Mike Mills discuss the finer points of the infield.

Karate lessons

For those of us who didn't know, there are Karate lessons every Saturday for only \$4.00 a session. Classes are 10 a.m. - 11:30 a.m. and 11:30 a.m. - 1:00 p.m. During the classes you will learn discipline and confidence and gain the ability to walk upright through any situation.

The founder and instructor, David L. Carter, stresses three important items in his class: self defense, self control and self esteem. By teaching a combination of styles, both hard and soft, from a self defense standpoint, the student will have a benefit over someone who knows only one style. Among

the hard styles taught are: Shotokan, Karate, Tae Kwon Do. The soft styles are Karate/ Kung Fu, Jujitsu and Kempo Karate.

The sessions will be held in the Naval Hospital Oakland Gymnasium every Saturday indefinitely. Carter can be reached at (510) 568-4783 or paged at (510) 729-1194. With the physical readiness testing coming up at the end of the month, why not warm up with a few self defense lessons.

Remember: "If you know both hard and soft styles, you have the advantage over someone who only knows one style."—(anon.)



David Carter shows proper hand position for a forward block.



Carter pays the price for a properly executed move, 25 push-ups.



Here, Carter lowers himself to his students level...




...to monitor the precision movements.

Physical Readiness Testing scheduled April 19 - 23

May is..

NATIONAL/NAVY PHYSICAL FITNESS AND SPORTS MONTH



Reigning champ

By AA Kevin Cameron

Secret of success: Find something that you are good at, and do it better than anyone else. Central Pacific Sports Conference (CPSC) Champion HM2 Vic Mandella attacks his racquetball game with the voracity of a piranha.

The Primary Care Clinic leading petty officer joined the Navy in September 1969. He left in 1972 to continue his education. During this time away from the military, he was introduced to racquetball and began playing seriously. He reenlisted in 1984, recalling, "I missed the Navy and the friends I had made." He is currently serving his third tour and has signed papers to extend beyond his end of service date.

Most recently, Mandella took top honors in the CPSC Championships and under normal circumstances, would have advanced to play in the All-Navy Tournament. Unfortunately, it was canceled thanks to the ailing economy that has even reached into sports. He competes in civilian tournaments each month and continues to rise to the top. As tournament director for the 1993 Ektelon American Amateur racquetball Association Tournament, he scheduled and maintained the 250-person event. It

was difficult to keep the participants content and maintain his own competitive edge. This competition is a qualifying event for the US Nationals for Racquetball. The CPSC Championships started on Wednesday, March 26, and the Ektelon started Friday the 28th. Either madness or devotion to the game motivates him to take on more than anyone should.

He is a program director for the local racquetball club, the Modesto Courtroom. In his juniors program, age group 14 and under, he has 22 kids currently enrolled. "My kids hold three of the top five spots in the 12 and under group and four out of 10 in the 10 and under group, statewide," he said beaming with pride.

At last glance, Mandella was ranked #1 in California in his age category. His top-ranked performance has helped him to get and maintain a full sponsorship from 'Spalding' sporting goods. He was recently named to the board of directors for the California Amateur Racquetball Association. "I guess someone noticed the two recent tournaments. I played well at the right time," he quipped.

After his time in the Navy, the unaging racquetball fanatic will remain on the board of directors and possibly instruct at a higher level.

The equality minded LPO has tried to model himself after the quali-



Logo for the 1993 Ektelon.

Navy Physical Readiness Standards					
Male	17-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50+ yrs
Sit and Reach Pass / Fail	Touch Toes	Touch Toes	Touch Toes	Touch Toes	Touch Toes
Sit-Ups (2 minutes)					
Outstanding	88	84	75	73	68
Excellent	72	68	54	48	45
Good	68	50	40	35	33
Satisfactory	45	40	32	29	27
Push-Ups (2 minutes)					
Outstanding	62	52	45	41	38
Excellent	57	48	41	37	35
Good	51	42	36	32	30
Satisfactory	38	29	23	20	19
1.5 mile run/walk					
Outstanding	9:00	9:15	10:00	10:15	10:45
Excellent	9:45	10:30	11:45	12:15	12:30
Good	11:00	12:00	13:45	14:30	15:15
Satisfactory	12:45	13:45	15:30	16:30	17:00
500 yard swim					
Outstanding	8:00	8:00	10:15	11:15	11:45
Excellent	9:45	9:45	11:45	12:15	12:45
Good	11:30	11:30	14:15	15:15	15:45
Satisfactory	13:15	13:15	15:45	16:45	17:30
Female	17-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50 + yrs
Sit and Reach Pass / Fail	Touch Toes	Touch Toes	Touch Toes	Touch Toes	Touch Toes
Sit-Ups (2 minutes)					
Outstanding	86	84	74	72	67
Excellent	67	61	54	48	45
Good	52	45	39	34	32
Satisfactory	40	33	27	24	22
Push-Ups (2 minutes)					
Outstanding	36	29	23	22	21
Excellent	31	24	19	18	17
Good	24	17	11	11	10
Satisfactory	18	11	5	5	5
1.5 mile run/walk					
Outstanding	11:30	11:30	12:00	12:15	12:45
Excellent	13:15	13:30	13:45	14:15	14:45
Good	15:00	15:00	15:30	16:15	16:45
Satisfactory	16:15	16:45	17:15	18:15	19:00
500 yard swim					
Outstanding	9:15	9:15	12:15	13:15	13:45
Excellent	11:45	13:45	13:45	14:45	15:15
Good	14:15	14:15	15:45	16:45	17:30
Satisfactory	17:00	17:00	17:15	18:30	19:15
Required Point Scores					
	17-19 yrs M/F	20-29 yrs M/F	30-39 yrs M/F	40-49 yrs M/F	50 + yrs M/F
For members who do the 1.5 mile run/walk:					
Outstanding	278 / 235	262 / 226	242 / 207	234 / 202	223 / 193
Excellent	252 / 199	235 / 187	206 / 172	193 / 162	187 / 155
Good	227 / 168	202 / 154	175 / 139	162 / 129	153 / 123
Satisfactory	188 / 142	168 / 125	144 / 92	132 / 83	126 / 77
For members who do the 500 yard swim:					
Outstanding	283 / 248	269 / 239	241 / 208	230 / 200	220 / 192
Excellent	253 / 212	240 / 199	209 / 177	196 / 167	188 / 166
Good	226 / 177	207 / 163	177 / 144	163 / 134	157 / 138
Satisfactory	189 / 146	175 / 132	149 / 100	138 / 91	131 / 75

ties he saw in John F. Kennedy. His wife, Nancy, provides his day-to-day inspiration with the help of their five children.

The Navy, racquetball championships and family life are all facets that make HM2 Vic Mandella a gem for the Navy.

HM2 Vic Mandella searches through the final standings in the Ektelon.



Chaplain Corner

"Bad news, good news"

By LT J. Lynne Kennedy,
CHC, USN



As a child at summer camp, I listened to a counselor's joke about two farmers discussing the plight of a neighbor. "Did you hear the bad news about Joe?" "No, what happened?" "He fell out of an airplane." "What bad news?" "No, good news, he had a parachute!" "Whew! good news!" "No, bad news, it didn't open." "Oh! bad

news!" "No, good news, he had a spare..." and so on and so forth.

Sometimes, our lives take on a sequence not so very different from the joke. For instance, on your way to work, "bad news"—some driver cut you off; "good news"—your reflexes were great and you swerved out of the way; "bad news"—there was a car in your way; "good news"—her reflexes were equally as good and she swerved out of your way. Determining whether it is truly bad news or good news depends on the ultimate outcome.

While at college, a friend shared a personal story: "My mother asked me to take her to the airport. When I said I could, she nagged me about being 'on-time' and how important this appointment was. I promised her I would be on time, but true to form, I was a few minutes late. With a glare, she began an incessant barrage of rebukes that only increased when one of the tires blew. Though I

changed the tire in record time, we arrived just as the flight was departing. My mom then gave me the cold silent treatment, so I turned on the radio to seek relief. We had driven for a while, when the music was interrupted by a news bulletin ... announcing the fatal crash of that very flight. We looked at each other in shocking realization: What had been "bad news"—missing the flight—suddenly became "good news"—being alive.

Plans we make

The plans we make are often riddled with unexpected and unfair obstacles. Our ideas seem so right (and may indeed be right)... at the time, but when we can look at the bigger picture; i.e., see it from God's vantage point, those very obstacles may become an arena of safety.

A little over a year ago, when my husband was commuting to southern California, he altered his routine plans because of me. It

wasn't a pleasant change of plans. Yet, we sighed with relief when we read the headlines reporting the largest pile up of vehicles on the freeway as a result of a violent wind/sand storm that rendered visibility to near zero. In retrospect, had he followed his normal routine, we realized he would have been in the middle of the 70 cars and trucks. Bad news was good news.

The apostle Paul writes that we should be thankful even when things appear to be bad... for all things work together for good to those who love God.... If things are going bad for you, wait a while and ask God to see it from a different vantage point. God may be keeping you from worse harm than you may know exists. Sometimes, it's all in the timing. Your bad news may really be good news.

Religious Services

Catholic Mass	Mon-Fri Sunday	Noon 8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

Secondhand smoke is a first-rate risk

By Evelyn D. Harris
American Forces Information
Service

The Environmental Protection Agency recently declared environmental tobacco smoke, also known as secondhand smoke, as a "Class A" human carcinogen. That means it is as dangerous as asbestos.

It also means employers, includ-

ing Department of Defense, must remove it from the workplace, and the easiest way to do that is to forbid smoking indoors, said Army Lieutenant Colonel Gale Pollock, a DoD senior health promotion policy analyst.

Pollock said DoD is working on a policy to eliminate all designated indoor smoking areas and expects it to be signed by year's end. She said officials thought they needed the policy in June 1991, when a Na-

tional Institute of Occupational Safety and Health bulletin stated environmental tobacco smoke met the standard for an occupational hazard.

The EPA risk assessment report, issued Jan. 7, confirms this. The report is important because it represents a scientific consensus. The Occupational Safety and Health Administration, which has regulatory authority over safety concerns in the workplace, is using the EPA findings in writing policies.

The EPA report said environmental tobacco smoke is responsible for about 3,000 deaths a year among U.S. nonsmokers. In announcing the findings, then-EPA head William K. Reilly said that "smoking is not just a health danger for smokers but a significant risk for non-smokers, particularly children who will be exposed to secondhand smoke." He noted that the report will be invaluable to policymakers and health professionals wrestling with the problem of exposure to passive smoke.

Pollock said exposure to nicotine can be measured by a substance found in urine, cotinine. She said scientists can measure this substance in both smokers and nonsmokers who have been exposed to secondhand smoke.

"It's a very specific marker, produced only by tobacco exposure, which makes it useful for scientists," she said. "It only makes sense that secondhand smoke affects people. If you go to a smoky restaurant or nightclub, you'll notice the smell in your hair and on your clothes when you get home. If it's in your hair, it's logical that it is in your lungs."

DoD is not the only employer responding to EPA's announcement. Media reports indicate many private employers declared their workplaces no-smoking areas in anticipation of EPA's action or immedi-

ately after it.

Pollock said she doesn't think the policies resulting from the report will cause as much outcry as there was in 1989 when DoD restricted smoking to designated areas.

Still, she said, before this announcement employers could give 60 to 90 day's notice before banning smoking. "Smokers had more time to quit," she said.

"Now that environmental tobacco smoke has been declared to be a human carcinogen, that leniency period will probably go away. Employers won't want to risk allowing a known carcinogen. Under law, employers have a responsibility to provide a safe workplace."

"But society's attitude toward smoking has changed in the past decade, and many people have quit smoking. In DoD, we brought our rate down from more than 50 percent to 35 percent since we began our anti-tobacco effort. And quitters have a new tool—the nicotine patch. Studies have shown the patch is highly effective when combined with appropriate counseling and behavioral modification."

"Also, people may quit because continuing to smoke will be too inconvenient," Pollock said. "A recent Canadian survey found that 80 percent of smoker there said they would mount an aggressive campaign to quit if smoking were banned in their workplace."

Stop smoking classes available at NAVHOSP Oakland

The June stop smoking classes will be held on the 2, 9, 16, 23 and 30 for anyone interested in "Life Without Tobacco" for smoking or chewing tobacco cessation. The addicting effects of nicotine will be discussed in addition to the Naval Hospital Oakland nicotine replacement program for the transdermal nicotine patch or nicotine gum.

Presenters Patient Educator, Aggie Freeman, RN, and LCDR Paul Savage, MC, will answer attendees' questions. An active-duty member who has participated in the NHO



program will be a guest speaker. Class is open to all who want support to stop smoking. Classes are free. A commitment to attend six two-hour classes in one calendar month is necessary.

Information will be given on "Fresh Start Plus," an American Cancer Society Program that is Navy specific. These classes are sponsored by the Patient Education and Internal Medicine Department and the Wellness Department in Preventive Medicine/Occupational Health Dept.

ACTIVE DUTY may enroll by contacting the Patient Educator at a walk-in clinic weekdays 8:30 to 9:30 a.m. in the Internal Medicine Department, Room 448R, fourth floor.

PHYSICIANS may refer by consult by calling the Patient Educator at 9-801-5545 (beeper) or ext. 3-5375.

Vitamins are good for the human heart

By ENS Deborah L. Cole, RD

In the area of heart health, it seems the medical community is beginning to embrace the powers of antioxidants such as vitamins A, C and E. Research from around the world shows that the most important cause of heart disease may be oxidation and not so much cholesterol intake. Furthermore, researchers dis-

covered that when fats in the blood become oxidized or combined with oxygen, they create a sticky plaque that clings to artery walls, restricting blood flow, thus increasing risk for heart attack.

This occurrence has been linked with low levels of antioxidant nutrients, particularly vitamins A, C and E. At the University of Texas Southwestern Medical Center, researchers found that vitamins C, E and beta carotene inhibited the oxidation of

blood fats. This reinforces the recommendation to increase one's intake of foods containing adequate amounts of these nutrients.

Good food sources of vitamin A and beta carotene include carrots, apricots, peaches, sweet potatoes, pumpkin, spinach, broccoli, greens (beet, chard, mustard and turnip).

An excellent source of vitamin C is honeydew melon, followed by strawberries, broccoli, oranges, collards and cantaloupe. Vitamin E is

most prevalent in sunflower, canola, cottonseed, peanut and wheat germ oil, as well as in sunflower seeds. "We're researching these vitamins," said Dr. Ishwarlal Jialal "because we want to find nu-



tritional antioxidants that are not harmful to people — that are not drugs with other side effects." Jialal is associate professor of internal medicine and clinical nutrition at the University of Texas Southwestern Medical Center.

(Editor's Note: This information was adapted from Nutrition and Health News, published by the Center for Human Nutrition, Southwestern Medical Center, in Dallas, Texas).

FEAA offers financial help Scholarship/loans for federal employees and dependents

The Federal Employee Education and Assistance Fund (FEAA) has announced its 7th annual scholarship competition for federal employees and/or their dependents.

Scholarship awards are based on merit and range from \$300 to \$1,200 per student, who may be high school seniors or students continuing their college education.

Applicants (or their federal employee sponsors) must have completed three years of federal service and have earned at least a 3.0 grade point average.

Selection criteria include academic achievement, community service, a recommendation and an essay. For this year's essay topic, students are asked to choose a current or former federal employee, living or dead, whom they would choose as their mentor, and to explain why.

Applications must be postmarked by June 4, 1993

FEAA also offers low interest student loans for which there is no minimum grade point average, length of federal service or dependency requirement.

To obtain a copy of the application, or for more information on the student loans, send a self-addressed, stamped envelope to FEAA Scholarship Program, Suite 200, 8441 W. Bowles Ave., Littleton, Colo., 80123-3245.

Government career scholarships

Individuals who are not already affiliated with civil service, but who wish to pursue a government career, can apply to the Public Employee Roundtable for a public ser-

vice scholarship.

To be eligible, applicants must be enrolled full-time in a four-year undergraduate degree program or be a full-time or part-time student in a graduate or postgraduate program.

A minimum grade point average of 3.5 is required, and applicants must submit a two-page essay on why they have chosen a government career. Preference will go to those with experience in public service or volunteer work, including community service.

Applications must be received by May 10, 1993

To receive an application, send a self-addressed, stamped, business-size envelope to PER Scholarship Program, P. O. Box 14270, Washington, D.C. 20044-4270. For more information, call PER at (202) 927-5000.

Oak Knoll Briefs

New NEX cash checking policy

Social Security numbers (SSNs) are now required for all checks written to the Navy Exchange by service members and their families. Although this requirement has been in effect for almost five years, it hasn't been enforced. However, recent legal interpretations make enforcement absolutely necessary to enable the NEX system to collect on bad checks written by dependents. Collection on bad checks helps NEX offer the lowest possible prices to its customers.

Auxiliary security force

Security is looking for devoted, professional individuals to join the Auxiliary Security Force. Individuals will be trained in proper Military Police procedures, proper use of the PR-24 police baton and will be qualified on the .45 caliber pistol and 12 gauge shotgun. Requirement are as follows:

- * Have no non-judicial punishments within the past year.

- * Met all of the physical readiness standards.

- * Have a minimum of 18 months left aboard.

- * Be able to attend training two days a month and all other scheduled training.

- * Have their department heads' approval to be a member.

Once individuals have been accepted as members and trained, only the commanding officer or the executive officer can release him/her from being a member. Interested individuals should run a Special Request Chit through their chain of command and contact MS2 Tamara Schmitz at Security, (510) 633 - 6077 or 6555.

Civilian employee scholarship award

The Federal Personnel Council of Northern California will grant four \$1,000 scholarships for children of permanent civilian employees. Those who wish to apply should contact the Human Resources Office, Bldg. 131, 633-6372, 6373. Deadline for submission is April 23.

FEGLI open season

Federal Employees Group Life Insurance (FEGLI) will hold an Open Season for permanent civilian employees March 29 through April 30. If you have previously waived or cancelled your enrollment, you may enroll during Open Season. You may also make changes in your options. Brochures have been sent to all permanent civilian employees. You may obtain the enrollment form, SF281, from the Human Resources Office, Building 131, 633-6372, 6373.

Hazardous material waste disposal

NHO Instruction 5090.2 outlines disposal procedures for hazardous waste. Enclosure (4) of the instruction provides an example of the proper way to complete a Hazmat Disposal Request which must accompany any hazardous waste turned into FMD. Beginning Friday, April 12, strict adherence will be observed, and no hazardous waste will be accepted without an MSDS. Questions should be addressed to LT Tammy Tolar at (510) 633-6300.

Navy Family Service Center Alameda offers a variety of classes

Relationship enhancement

Today, more people than in past years, are consciously working to maintain their marriages, to "go the distance" with their partner. However, they are no longer willing to simply endure the years until Golden Anniversary time. Instead, they want the deep sense of connection, of loving and being loved and of the growth that only a long-term committed relationship can bring.

Unlike the classic love stories in which the lovers die, or are tragically separated at the peak of romance, long term partners have the challenge of testing their love against the realities of everyday life. Romeo and Juliet never dealt with the demands of jobs, children, in-laws, ex-spouses, conflict over money and control. They never wondered how to keep sexual interest alive. Yet, contradictory as it may seem, it is dealing with difficult issues that can deepen the love and commitment we feel toward our partners.

May 3 - June 14, the Family Service Center at NAS Alameda will offer a six-part relationship enhancement course on Monday evenings. The goal of the course will be to provide education and training for getting through these and other difficult issues of relationships. Topics will include:

- * Exploding myths about marriage
- * Caring communication
- * Relationship, power and control
- * Sex: Loving for the long haul
- * Love and anger: Intimacy and independence
- * Couples and money

While the greatest benefit will come from couples attending all six sessions together, the program will be designed so that each session can stand on its own. In cases where only one of the couple member can attend, he or she is encouraged to come alone.

The course will be led by Judy Byrley, M.A., FSC counselor, and Jerrold Nussbaum, Ph.D., sociologist and lecturer at San Francisco State University and other Bay Area colleges. To register or for more information, call (510) 263-3141.

Career college comeback

College and career information will be the focus of the seminar featuring Dr. Judith Albert, director, NAS Alameda, Navy Campus Office, and Sue Foulkes, FSC Employment Resource Center manager. Topics include educational oppor-

tunities, financial aid, scholarships, resources for continuing education and related services. If you are a service member or a spouse planning on continuing or returning to college, please join us. Couples are encouraged to attend. This dynamic workshop is being offered on Thursday, April 22 at 6:30 p.m.

Ombusman Basic II

Basic II training will cover spouse employment, Navy protocol, procedures in crisis intervention and much, much more. Call to attend. Saturday, April 24, 9 a.m. - 3:30 p.m.

Relocation workshop

This is a pre-move workshop for personnel transferring out of the area. The topics covered will include household goods, financial and stress management, as well as individualized information on your destination. The next RELO workshop will be held Monday, April 26, 6:30 p.m. - 9 p.m. It is located in building 78, Second Deck. Call (510) 263 - 3129 for further information.

Attention parents

A number of special events are planned for parents. Parenting can often be an overwhelming task, especially for those who are a temporary single parent due to deployment. Children do not come with manuals, family members aren't always close by, and today's community has changed. Parents are faced with new dilemmas everyday. FSC is offering Active Parenting and an ongoing Parent Discussion Group.

Active parenting

A practical approach to parent-child relations. Come and learn how to make parenting more rewarding for you and your children. Topics include: Parenting Styles, Self-esteem, Encouragement, Responsibility, Cooperation and Group Problem Solving. Parents don't want to miss a Tuesday evening of the six-week program scheduled May 4 - June 8, 6:30 - 8:30 p.m.

Parent discussion group

This group offers a chance to get together and find you're not alone. This monthly group uses the John Bradshaw tapes as a basis for discussions. Tapes include "The healthy family," "Family in crisis" and "The most common family illness. The next group will meet Wednesday, May 12, 6:30 - 8:00 p.m.

Point of contact for registration and more information on both parenting groups can be reached at (510) 263-3146.

Patient Appointment System

To schedule and cancel all clinic appointments,
call

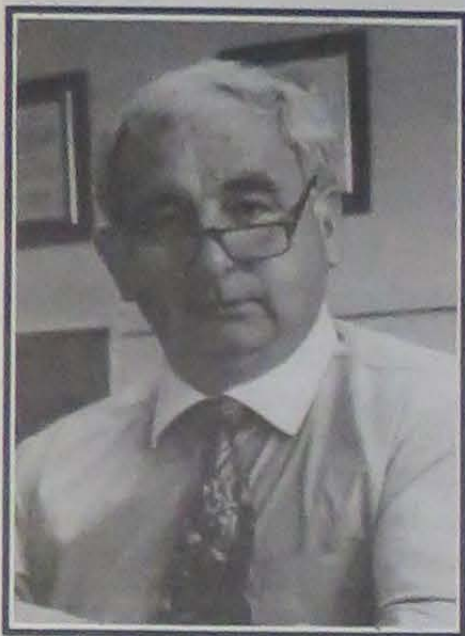
(510) 633-6000,

Monday through Friday, from
8 a.m. to 4:30 p.m.

No more busy signals!!!!

Speak directly with
an appointment clerk.

Plus and Minus



by mike meines

I was so excited when I found out I was coming to California. First of all, I was in the Midwest and I missed the mountains and the bodies of water that didn't "keep on rolling along." One of the big reasons was that I would be close to my sister and her family. She lives in a town 150 miles south of

here known as King City. Of course, 150 miles away has a totally different meaning in the Midwest than it does here in California.

In the Midwest, it means riding along playing how many sheep and cows you can count or can anyone identify a large bump on the earth's surface? In California, it's counting how many vehicles have weapons visible or estimating the number of moving violations each car has received in the past twenty minutes.

I had already made a couple of trips down to King City but Carole had not had the pleasure.

"Michael, what's in the briefcase?"

"Oh, just some small food items in case we get stuck somewhere, extra copies of my car insurance and life insurance policies, two pairs of clean socks and underwear, my last will and testament, some small arms with ammunition, phone numbers of all bail bondsmen between here and King City, the Holy Bible and 37 genuine

rabbit's feet."

"Why do you need all that?"

"Trust me, love. You're 'bout to get an education."

The first individual I had the opportunity to show her was the guy I have named "Betcha can't change just one." This guy started in the right hand lane, changed to the middle lane for about fifty yards, into the fast lane for maybe twenty-five yards, back to the middle lane (behind me) and flashed his lights because we were only doing 75 miles per hour, into the right lane again. Then, in a tremendous display of power, jumped on the accelerator and propelled himself all the way into the fast lane (in front of me). As I was gasping for breath and frantically looking for a rest stop, this cretin whipped back across all the lanes into the exit lane and left the freeway.

I turned to Carole and said, "See what I mean? There are two types of drivers in California... the quick and the dead!"

She said, sweetly, "Oh, c'mon, that's only one guy."

"Just wait."

She didn't have to wait long. Traffic was snarled a little on Lombard and Van Ness and we were just creeping along...all of a sudden, this clown screams past us only to slam on the brakes in ten feet. He then proceeds to lean heavily on his horn. Remember, traffic is backed up at this point for about five blocks.

Carole is speechless at this point, but I can see in the rear-view mirror, another example of California madness. The guy coming up behind me has obviously had a recent trip to Europe and tries to adapt Autobahn rules on Lombard St. He is coming on like gangbusters, flashing his lights, and lightly tapping on his horn. He doesn't realize that traffic is stopped until I can clearly see his acne problems just above the statement "THINGS ARE A LOT CLOSER THAN THEY SEEM" on the side mirror.

Before leaving San Francisco proper, we witnessed all types of drivers but Carole managed to say something sweet until we finally witnessed the

guy who got to her. Traffic is stopped. No one is moving. All of a sudden, a car comes screaming by the right side of the car.

"Why don't you get over in that lane?"

"Because that's an exit only lane."

"But he's not exiting. He's cutting back into traffic. He can't do that!"

"This is California. Did you know that you lose point on your driver's test if you move your eyes or your head to the side?"

"Well, I think they should put those things on the 'exit only' that you can only go one way. You know...backing up will cause severe tire damage..."

She's learning...as she said to the guy with the shotgun laying across his lap... "Later, Baby!"

PERSONALS:

CDR Astrachan: Sorry. I will call you first next time.

Grace: Call me.

Carole: You are amazing.

Mom: I really wasn't doing seventy-five...this is a humor column.

Questions you might be asked by a JCAHO survey team member

1. Incident/Mishap Reports

a. Can you explain your incident/mishap reporting system?

b. Have you ever personally filled one out?

c. Describe under what conditions you would fill out an incident report?

d. When completed, what do you do with it?

(Two answers: Complete a Mishap Report Form for staff personnel mishaps and a Management Variance Report for patient/visitor mishaps. Source: NAVHOSPOAKINST 5100.1A, Chapter 10 and NAVHOSPOAKINST 6320.63B. Mishap form goes to Safety Department and Management Variance to Quality Assurance.)

2. Safety Training

a. When did you last receive safety training?

b. Can you remember which topics were presented?

(Answers will depend on each individual questioned.)

3. Hazardous Material Inventory

a. Can you name any hazardous materials that you might come into contact with while performing your job in this department?

(Answer: This information should be contained in the department's Authorized Use List for Hazardous Chemicals and Materials. Copies of the list are available from the NHO Safety Office.)

b. Do you have a list of these materials?

c. Can you show me where the list is located?

4. Material Safety Data Sheets

a. Can you explain the term, "Material Safety Data Sheet" (MSDS)?

b. Would you describe what is listed on an MSDS?

(Answers to a. and b. should be found in the department's Safety Representative's SOP and NAVHOSPOAKINST 4110.1A.)

c. Can you show me where the MSDSs for this department are located?

(Answer: Locations will vary for each department.)

5. Hazardous Waste Spill

a. If you were to spot a hazardous material such as (substance) over there (point to floor location), what would you do?

(Answers should be found in department Safety Representative's SOP and NAVHOSPOAKINST 4110.1A.)

b. Do you have any spill kits in this area?

c. Can you describe where they are located and what they contain?

6. Internal / External Disaster Plans

a. Have you ever participated in an internal or external disaster drill? NHO participates in two drills per year - one internal and one external drill.

b. Can you describe your role in the drill?

c. Can you show me where your disaster manual is located?

7. Utility Failure

a. Do you have written utility failure procedures for this department?

b. Can you show me where they are located?

c. If the electricity went out and the emergency generators failed, what would you do?

8. Fire House

a. If you spotted a fire in a wastebasket, what would you do?

b. Then what would you do?

(Answers should be found in the Fire Plan, Bldg. 500, and the Fire Bill, NAVHOSPOAKINST 11320/22 (4-87) or Fire Bill, NAVFAC 11320/9. If Fire Bills are not posted in your department, copies may be found in NAVHOSPOAKINST 11320.1A.)

9. Fire Alarm

a. Where is the nearest fire pull box station?

b. How do you activate it?

10. Fire Extinguisher

a. Can you point out the nearest fire extinguisher?

b. Explain how you would use it to put out the wastebasket fire? To utilize fire extinguishers utilize the PASS system:

P - Pull pin

A - Aim
S - Squeeze
S - Sweep extinguishing agent from side to side.

11. Equipment Status

a. Can you explain how you can tell whether your patient equipment has been tested for proper operation?

(Answer: By checking the

equipment inspection tag attached to the piece of equipment.)

b. Would you show me where the tag is located?

c. Do you ever receive an Equipment Status Report?

(Answer: These reports are normally maintained at the Biomedical Repair Department.)

News from Tickets and Tours

Oakland A's tickets

After spending the day watching the Naval Hospital Oakland slow-pitch softball games, why not spend \$6.00 to see some hardball? Tickets and Tours has Oakland A's tickets for all the home games. Tickets are: plaza level, \$5.50; plaza level infield, \$6.00. Prices at the gate are \$11.00 and \$13.00, respectively. General admission at the gate is \$4.50, but bring a telescope! NHO Point of contact is SM2 Loren Littleton at (510) 633-6016.

Monterey Bay Aquarium

A special exhibition of delicate jellyfishes, an improved home for playful sea otters, a new exhibit on the Monterey Bay National Marine Sanctuary and a full schedule of summer programs for families are all part of the experience for visitors to the Monterey Bay Aquarium in 1993.

In "Planet of the Jellies," graceful, opalescent jellyfishes star as visitors discover the live animals, hands-on ex-

hibits and video presentations. The exhibit has captivated visitors with the beauty and wonder of the strange world it explores. It is the largest jellyfish exhibit in the world, through Sept 7, 1993.

Sea otters, long a favorite with visitors, will have an improved, more naturalistic home beginning in April when their exhibit reopens after renovations.

"Watching the bay," is a new permanent exhibit that celebrates the creation of the Monterey Bay National Sanctuary as the largest protected marine region in the United States.

(Editor's Note: Monterey Bay tickets are available at a special military price of \$7.75. For more information phone (510) 633-6016.)

Entertainment books on sale

Entertainment books are currently on sale for \$40.00 at the Ticket and Tours Office. They can be ordered for many different areas throughout Northern and Southern California. For more information, call (510) 633-6016.

The Red Rover

The Navy's first commissioned hospital ship

Vol. 5 No. 6

Naval Hospital Oakland, California

May 21, 1993

CAPT Noel A. Hyde

It's hard to say goodbye

By A. Marechal-Workman

For DoD civilians, one of the most difficult facts of life is having to say goodbye to their military friends and colleagues. What's worse, it doesn't get easier with practice.

Oak Knoll federal employees will have to meet that never-ending challenge when their Executive Officer, CAPT Noel A. Hyde, MSC, USN, retires soon after 25 years of dedicated service. For some of the veteran employees, it will be twice as hard. They'd already said their goodbyes in 1982 when CAPT Hyde transferred to the Naval Regional Medical Center in Portsmouth, Va., after serving at Oak Knoll for five and a half years.

"He was a lieutenant commander at the time," said Hal Seibert, "and you could see that he was on his way up the career ladder." Seibert, who was the Laboratory's administrative operations officer at the time, holds the same position today. "He was a hard working professional," he reminisced, "a compassionate and malleable individual who dealt extremely well with everyone he came into contact regardless of their rank."

However, "farewell" takes on a bittersweet dimension when thinking of the new horizons that will open with the captain's retirement—from entering the civilian health care administration field to sailing his Islander 36 sailboat between Florida and South America with his wife, Linda, to running for a school board position.

"I'd like to get involved in the political process," said the

native of New Castle, Pa., "and I might start by running for the school board. I believe that we need to make school boards accountable to the parents for a relevant and high quality education and that parents should be held responsible for provid-

But the photographs lining the walls of CAPT Hyde's office give eloquent testimony that sailing is a pleasure he is looking forward to with the greatest of anticipation. "My wife and I love to sail," he said, emphasizing he favors "short

highlight of his career. "I guess I would have to say it was serving as commanding officer of the Naval Medical Clinic, Port Hueneme, [Calif.] "There are two pinnacles of a naval officer's career. One has to do with rank, the other with re-

his first tour at Naval Hospital Oakland, "especially the civilian work force" he's crossed path with a second time—some of whom had gone up the civil service career ladder, or were thriving in new fields.

"I will remember all the people I served with here," he said with a smile, adding he'd hired a number of them and explaining he'd like to dispel the notion that the second time around is often a disappointment. "I've returned to previous commands three times," he said of the three tours he repeated throughout his long career as a Navy pharmacist and administrator [Portsmouth, Port Hueneme and Oakland], and it has always been better each time I went back."

As for CAPT Hyde's tour as Oak Knoll's executive officer, CAPT Herbert A. Speir, Director for Administration, reflected the prevailing opinion when he said: "Captain Hyde's clearly one of the most talented, conscientious, and devoted Medical Service Corps officers I've had the pleasure of knowing and working for. He's consistently given 110 percent of himself to Oak Knoll, whether it's been out front setting a demanding pace for the rest of us, or behind the scenes orchestrating one of the many, many organizational improvements for which he's been the primary catalyst. There's no doubt but what Oak Knoll's a far better place for his having been here as XO, and although he'll certainly be missed after he's gone ashore in search of new adventure, he's leaving an indelible legacy of excellence for which he should be mighty proud, and of which the rest of us should be



CAPT Noel A. Hyde

ing a home environment which fosters learning and a respect for discipline that will allow our schools to maximize their teaching efforts for all students."

hops" over long ocean journeys "because, on short hops, you can stop and meet people and observe different cultures."

CAPT Hyde thought long and hard when asked about the

sponsibility. I am very content with my accomplishments in both areas and very thankful for the opportunities the Navy has offered me."

He also remembers fondly

Oak Knoll OB/GYN has changed

By A. Marechal-Workman

The winds of change that are sweeping the country are blowing through Naval Hospital Oakland. In January, in a dramatic switch from military to civilian operations, the Oakland Womens Health Medical Corporation took over the helm of the Obstetrics/Gynecology (OB/GYN) Department, under a resource-sharing contract with Foundation Health.

"Actually, we started tak-

ing over in October when the department was phasing out," said Lee Tompkins in a recent interview, clarifying that "by January there were no longer any civilian or military staff members in the department except for one Navy physician scheduled to leave in June [1993]."

A retired U.S. Navy Medical Service Corps officer, Tompkins is chief executive officer (CEO) of the Resource Sharing-contracted corporation.

What is unique about the

corporation's contract, Tompkins explained, is that it allows his staff to treat MEDICARE patients—an option not afforded other Resource Sharing arrangements. "We can see all eligible DoD beneficiaries," he said, "active-duty, dependents, MEDICARE...we can see them all regardless of their status, so long as they are registered in DEERS (Defense Eligibility Enrollment Reporting System)."

The Oakland Women's Health Care Medical Corpora-

tion came into existence in August 1992 for the purpose of this contract. Tompkins reports directly to the board of directors of the corporation which, in turn, reports directly to Foundation Health, the health maintenance organization charged with contracting for their services. However, "we do have a unique arrangement here," Tompkins said, "because, since we physically occupy the space at this hospital, we perform and act as if we were the OB/GYN

See OB/GYN, page 3

See XO, Page 3

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May 13 marked Navy Nurse Corps anniversary

Oak Knoll Viewpoint

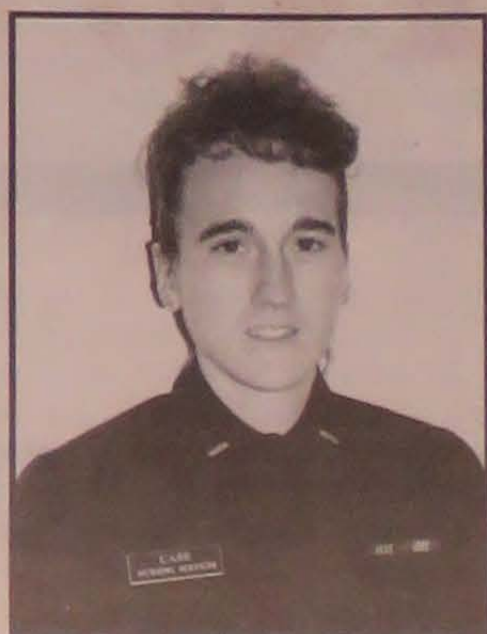
What would you do if you were CNO for a day?

Official U.S. Navy photos by MM2 John Dziki

CDR Cecilia Dawe-Gillis,
NC
Nursing Administration



I would "invite" all the non-performers to go home so that we could reduce the size of the Navy. Then those who remained would be the quality people who get the job done.



ENS Annie Case, NC
6 North

I would make it so that ensigns could give orders that would be listened to and followed. Especially by chiefs.

HN Franklin Crain
Optometry



I would promote everyone, let them get the advanced schools they want and offer them a 15-year retirement program.



HA Tammie Allen
8 North

I would allow all hospital staff who work on the wards to wear scrubs and tennis shoes! Comfort is very important when running around for 12 hours a day.

HM2 Mike Becker
Patient Administration



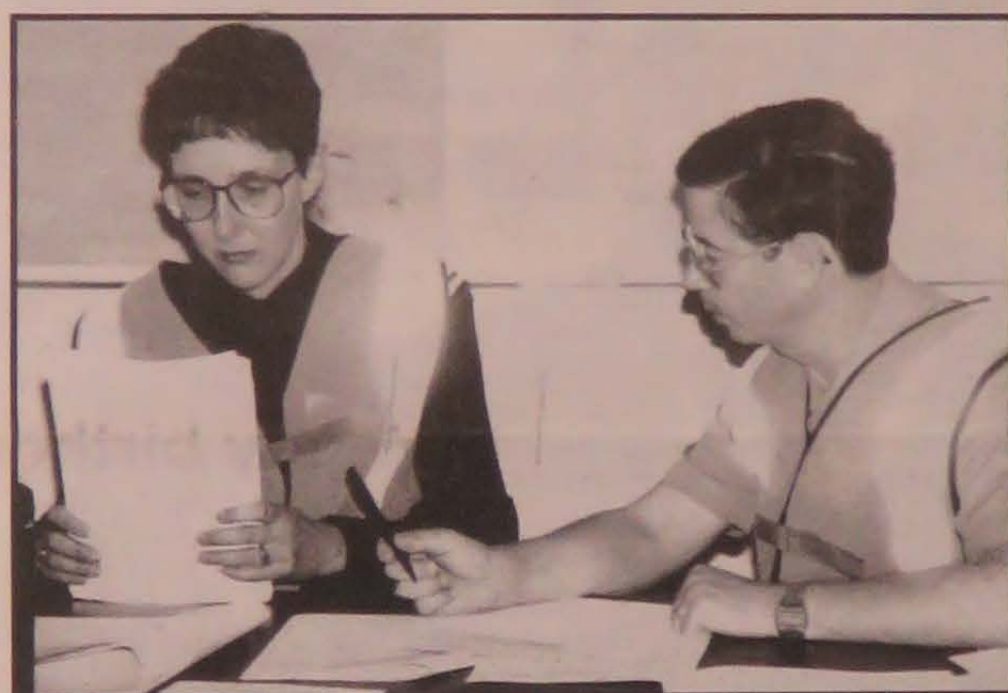
I would advance all HM2's to HM1.

From the XO

Each year in April, to commemorate the anniversary of the 1906 San Francisco earthquake, Bay Area military installations join hands with civilian and other governmental emergency services to hone their skills in disaster preparedness. Here at Oak Knoll, our annual drill took place on Thursday, April 15. BAYMED 93 called for a scenario that included a series of earthquakes followed by a major shock of a magnitude of 6.1 on the Richter Scale. It caused severe damage to our naval hospital, cut off Interstate 580 in both directions, with massive building damage and trauma throughout the Bay Area.

This year's drill was the largest and most comprehensive exercise in which our command has participated, and we came through it with flying colors. We did so well, in fact, that the hospital's cooperation with a neighboring homeowners group, the Parkridge Estates, received an honorable mention in the local press.

This year's drama was particularly difficult to act out because woven in the scenario was the breakdown of all telephone communications. Yet, despite this added difficulty, we were able to receive 70 simulated



CAPT Noel Hyde (left) discusses drill with LT Nancy Franze in the command post. (U.S. Navy photo by AA Kevin Cameron)

casualties, 44 of which came by helicopter. Many of the casualties were treated and released; 15 played as injured command staff members and 10 were placed in the civilian community to play the role of casualties being brought to the hospital.

I was particularly impressed with staff's use of radio communications. People acted very responsibly; the communications were clear and crisp. I feel that all players did an excellent job, especially given the minimal training

they had received.

I am very proud of this year's drill because we proved that our procedures are sound and that we can perform under the most complex of situations. This was only a drill but, as was learned during the 1989 Loma Prieta earthquake, the real thing could happen in a heart beat. We demonstrated that we have made sound preparations for it.

Thank you all for your great work.

Starting May 18, the new appointment number for NAVCARE Clinic is (510) 632-5097

Bravo Zulu Oak Knoll staff

Dear Admiral,

Last Saturday I sat in the Terrace Room of the U.S. Naval Air Station Alameda's Officer's Club with my wife, surrounded by our children and lifetime friends.

The occasion was our Fiftieth Wedding Anniversary. I contemplated our long and happy life together and wondered how I was lucky enough to live to see this event. I entered the Coast Guard in 1939 and retired twenty years later. Most of my time was spent on anti-submarine activities and SAR. Virtually all my career was in aviation. My third war was as a civilian airline employee.

It wasn't all luck that brought me here. The more I thought about it the more I realized it was the personnel and facilities of your command that got me here in one piece and my wife as well. I was in country in three wars, she had five kids!

I think during the past thirty-five years we have availed ourselves of virtually every clinic in the hospital. There were scary things like cancer surgery and happy events like the birth of our last child.

In the course of treatment at "Oak Knoll" we have been seen and treated by everyone from department heads to hospital apprentices- all have been real "pros" and treated us with consummate care and concern.

Please accept for your command our deepest appreciation. Sincerely,

S/ R.J. O'Leary, GUN-1, USCG, Ret.

Red Rover

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Executive Officer

Captain Noel A. Hyde

Public Affairs Officer

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LaRell Lee, MM2 John Dziki,
AA Kevin Cameron

Honoring the exceptional

The San Francisco Bay Area Federal Executive Board (FEB) is looking for nominees for the "16th Annual Federal Employee of the Year Award Program 1993."

Nominations should be made for one of the following categories (individuals may be nominated in only one category):

Administrative; Clerical; Civil Law Enforcement; Employees with Disabilities; Equal Employment Opportunity; Management; Professional; Scientific; Service to the Commu-

nity; Technical; Trades and Crafts.

The military award includes: U.S. Air Force Uniformed; U.S. Navy Uniformed; U.S. Marine Corps Uniformed; U.S. Army Uniformed and U.S. Coast Guard Uniformed.

Anyone interested in participating in the program should contact Oak Knoll's FEB coordinator, Michael G. Meines, who can be reached at (510) 633-6146.

In order to be considered, nominations should reach Meines by June 1st.

OB/GYN...Continued from page 1

Department: The medical staff and I participate in all administrative policy and clinical meetings." He added that the corporation's nurses and physicians are credentialed in the hospital through Foundation Health; that their nurses conform to all the hospital nursing requirements; that they'll play

cluding 5 retired military], " a number that may increase to 10 by the end of May. In fact, their expansion program is going so well that, "on May 10," they started to provide obstetrical services to five branch medical clinics — Alameda, Moffett Field, Treasure Island, Concord and Mare Island. He added that,

GYN is able to take on more patients and reduce the appointment waiting time. "The number of patients we're seeing has been increasing 10 to 15% per month since January 1," he said, as he checked files

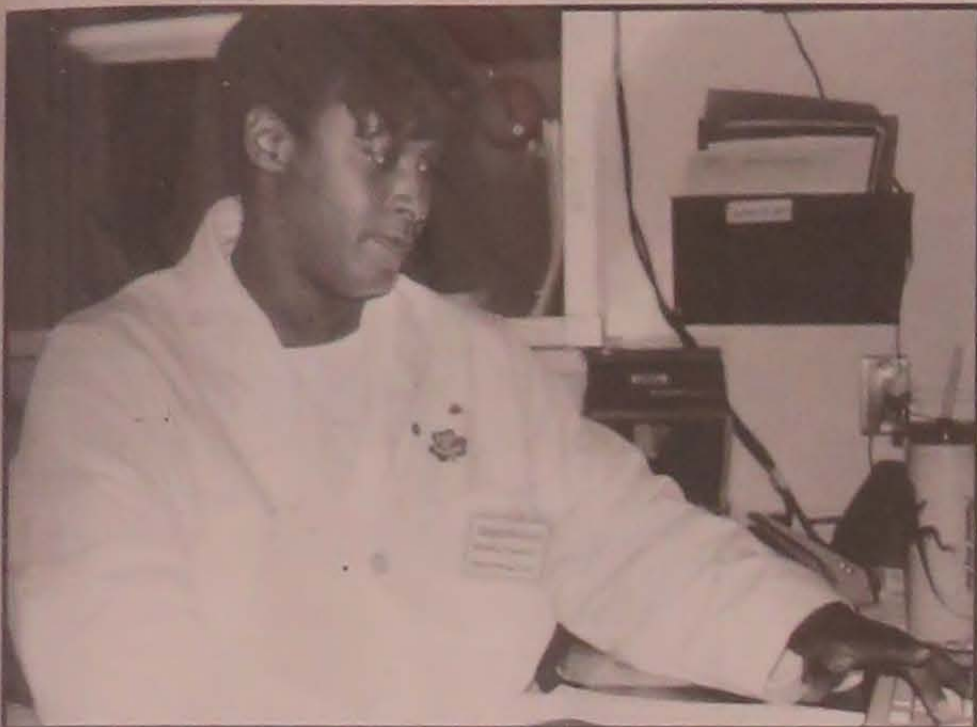
ever the physicians require it...in two weeks...in five days...whatever they request. We block [entire segments of] appointment times so that they can be seen immediately if needed."

regular clinic hours, 8 a.m. to 4:30 p.m.

And, speaking of changes, according to Tompkins, the PAP smear backlog that had plagued the department for months is now history. "We can make a PAP smear appointment in less than two weeks," he said, giving the month of June as an example. "[As of this writing], we have 57 PAP smear clinics planned for June," he said, explaining that, since each clinic can take at least eight patients, it means they have about 456 appointments slots available for June and an equal number for July....Not bad when you consider that we had several hundreds PAP smears backlogged when we took over in January, and they're now all gone."

Change doesn't mean total eclipse of military medicine, however. The Navy is still a strong presence, Tompkins concluded, "our physicians handle all deliveries and do all OB/GYN surgeries, but the babies are handed over to the pediatricians and the Navy provides support for wards, labor and delivery.

Appointment for any services provided in OB/GYN, including the branch clinics, can be obtained by calling (510) 633-6000.



Medical assistant, Margaret McGavock, checks appointments access on the department's computer. (Official U.S. Navy photo by LaRell Lee)

play an active role in the JCJHO survey. In other words, "we really are the department, although we're a little bit different," he summarized.

At the time of the interview, Tompkins said his staff included "nine full time obstetricians [in-

over the next few months, they will evaluate the possibility of providing gynecological services to those branch clinics as well.

Statistics back up Tompkins' assertion that, under his corporation's leadership, OB/



Dr. Lee Tompkins, CEO

on his computer.

"Active-duty personnel have priority," he stressed. "We see them here for routine appointments, and provide time for return appointments when-

Tompkins was also proud to underscore his OB/GYN's walk-in clinic staffed with an obstetrician "for patients who can't wait." Their problems can be handled immediately during

Mary Passanisi Memorial ICU Waiting Room is open for patient families

Recently, Naval Hospital Oakland's newly remodeled ICU Waiting Room was dedicated to the memory of long-time Red Cross volunteer, Mary Passanisi.

Passanisi had been an Oak Knoll Red Cross volunteer for 34 years — from 1956 until her death in June 1992. She was primarily working in the OB/GYN Clinic, but also served on the wards, the Plastic Surgery Clinic, as well as in other areas as needed.

Her death prompted a labor of love: To create a lasting memory for someone who gave so many years to the patients and staff of the naval hospital. For the family of someone who is seriously ill, waiting can be one of the most difficult of times, and the environment can truly make a difference. Having a warm, cosy place to wait can help make a hospital stay much easier — a home away from home.

The project was completed through the efforts of many: Approximately 25 donors contributing \$1,700.00; in-kind donations of carpeting from West



The Passanisi family joins CAPT Noel Hyde and CDR Gary Schick for a commemorative dedication photo. (From left: CAPT Hyde; Julie Passanisi and her husband, Paul Passanisi; Mary Passanisi's sister, Hazel Spencer, Pete Passanisi; CDR Gary Schick and Herbert Spencer, husband of Hazel. Paul and Pete are Mary Passanisi's sons. Schick is the command's director for base operations. (Official U.S. Navy photo by LaRell Lee)

Coast Carpet of San Leandro; drapes from Red Cross volunteer, Nancy Krentz, and a television set from the Passanisi family. Many Oak Knoll Red Cross volunteers and hospital staff helped paint, install drapes and locate and place furniture.

The room is now in use and appreciated by the families of ICU patients. Passanisi is someone who helped others throughout her life. She continues to do so through the Mary Passanisi Memorial ICU Waiting Room.

Happy birthday Navy nurses



The Sacred Twenty

On the 85th anniversary of the Navy Nurse Corps, I extend my personal thanks to each of you for superbly continuing the proud tradition of service, dedication, professionalism and compassion that is the trademark of Navy nursing. From the first Navy Nurse Corps officers, the "Sacred Twenty," to now more than 3,000 active-duty and 2,500 reserve Navy nurses, you have shown incredible courage and unparalleled skill in performing your duties. In addition to meeting the operational demands of the Navy, you con-

tinue to look for innovative ways to best serve your patients. Today's Navy nurse is not only an expert clinician, deftly merging scientific knowledge and human understanding, but also a researcher and educator. Since the official establishment of the Nurse Corps on March 13, 1908, Navy nurses have served with pride and distinction. To all Navy nurses, Happy Birthday, congratulations and keep up the outstanding work.

S/VADM D. F. Hagen, MC, Surgeon General of the Navy

Listening Box

As a Civil War buff, I would be interested in talking to any doctor who has, or had, an interest in civil war medicine and who might want to give a talk to our Civil War Roundtable.
S/ William Harpham
I can be reached at 25531 Scripps St., Hayward, CA 94545; telephone: (510) 785-6298.

XO...Continued from page 1

mighty grateful."

But it takes a civilian to really understand the sadness of remaining behind.

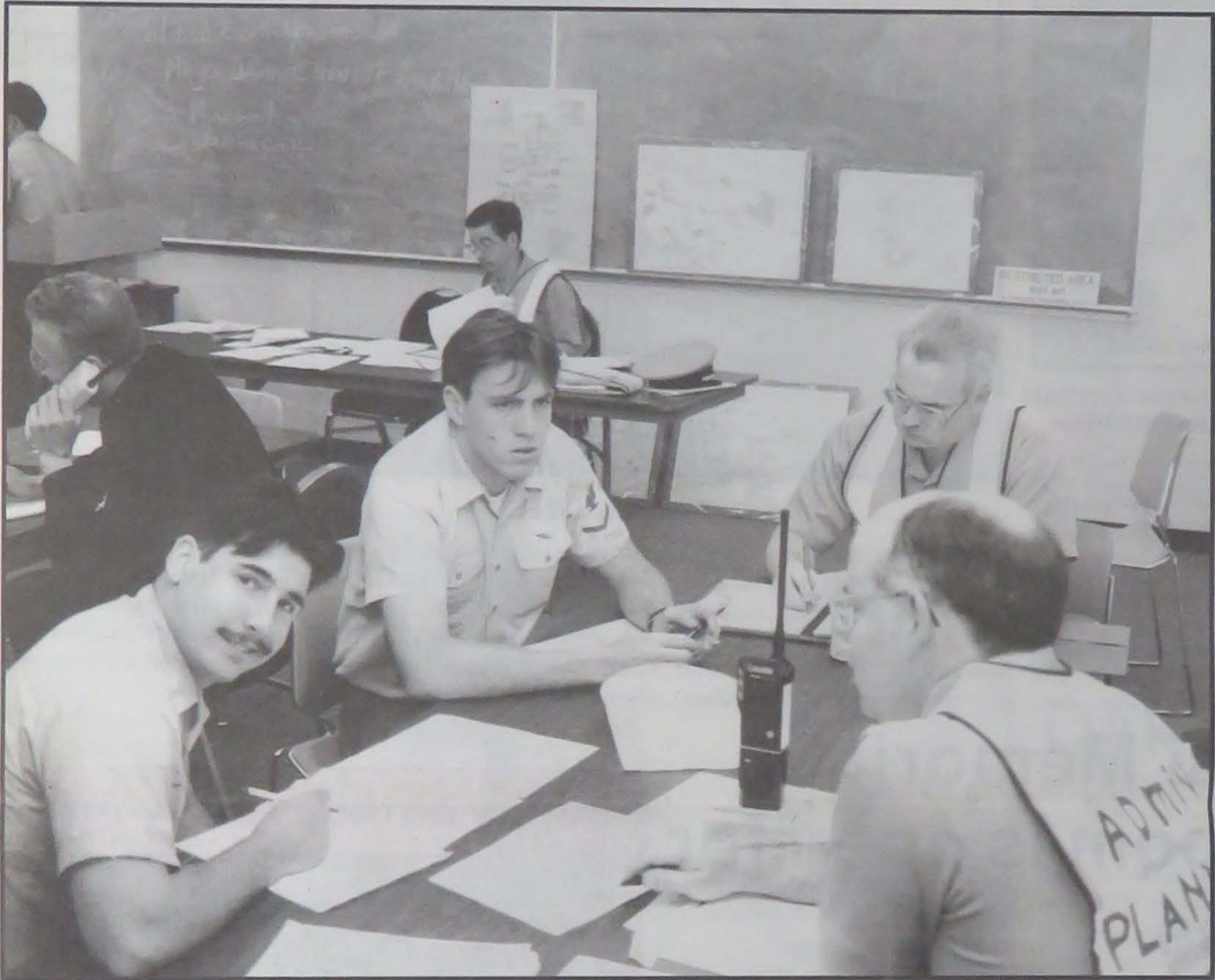
You make a bond
"You make this bond, you become friends and you never see

them again," said Renee Bishop, CAPT Hyde's secretary since May 1991. "He kept me on my toes...giving me those short-fused assignments. This showed his confidence in my ability and, I think, made me a better secre-

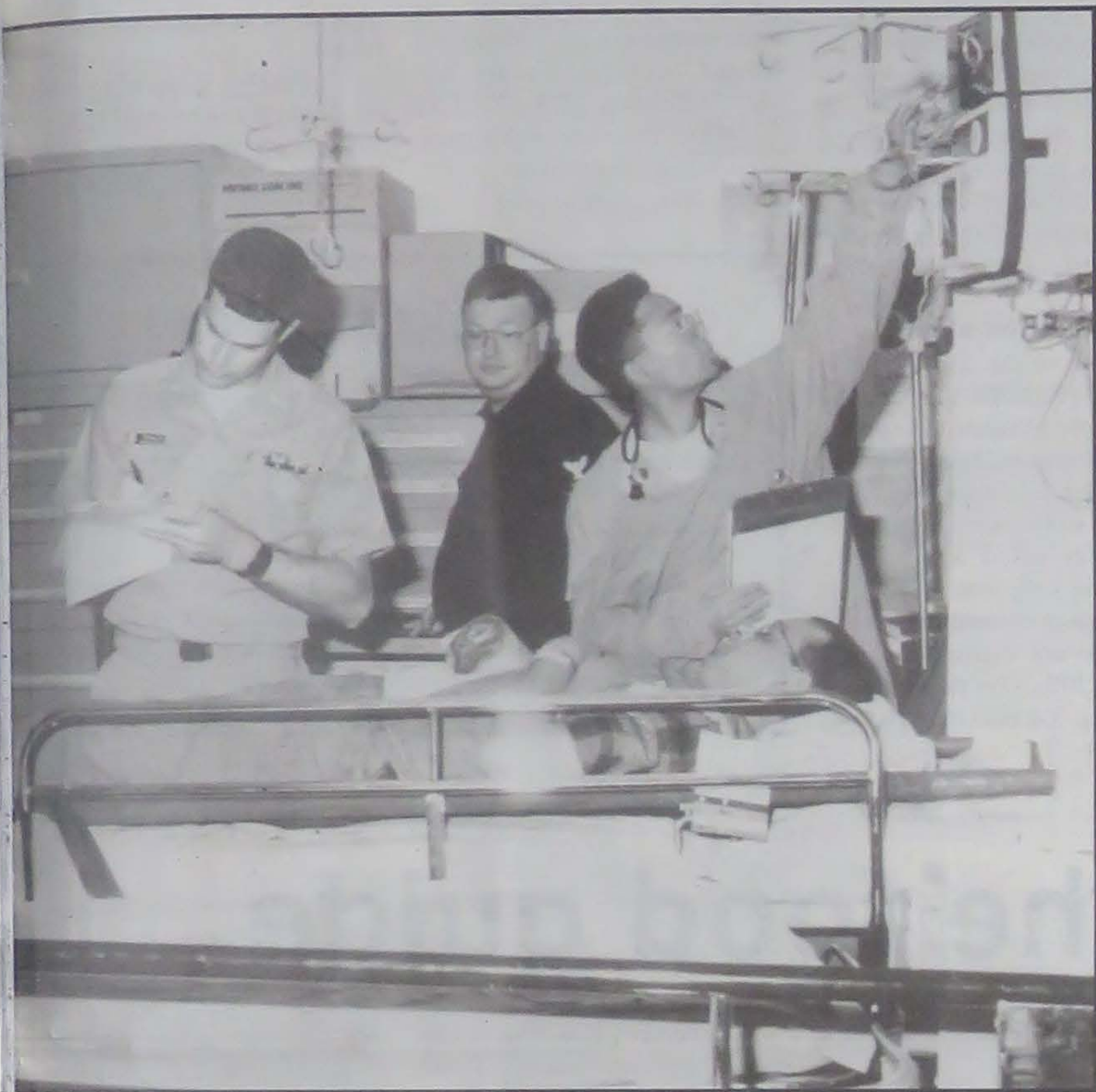
tary. I will miss his energy. I will miss his kindness and his fairness, and can only hope that I will see him again some day."

Fair winds and following seas, CAPT Hyde. You will be missed.

BAYMED 93 Disaster drill



(U.S. Navy photos by HM2 David Lynn and AA Kevin Cameron)



COREting the community

Did you know that Naval Hospital Oakland's mission includes cooperation with military and civilian authorities in matters pertaining to public health, local disasters and other emergencies?

This cooperation was demonstrated on April 15, when the command's Disaster Preparedness Department and C.O.R.E. (Citizens of Oakland Respond to Emergencies) worked together to integrate volunteers from the Park Estates neighborhood within the command's disaster preparedness drill. This included placing 10 volunteer Oak Knoll casualties in the hill area to be treated by neighbors and brought to the hospital. Their injuries had been moulaged to simulate earthquake-induced wounds.

In exchange, C.O.R.E. people joined Oak Knoll's volunteer pool to test the command's ability to utilize outside volunteers.

Park Estates' team players were trained through C.O.R.E.,

a program that offers survival and response training for Oakland residents to prepare them to protect themselves and those close to them from the effects of disasters.

If the scenario played out on April 15th had been real, because of the the disabling of Interstate 580, Naval Hospital Oakland personnel would have been totally cut off from outside help. Like the surrounding neighborhood residents, they would have had to rely on each other to survive — coping with the disaster as best they could until medical emergency services could come to the rescue.

The drill was important because it marked the beginning of a cooperative effort between Naval Hospital Oakland and C.O.R.E. conducted to test the mutual-aid capacities of both.

According to disaster preparedness officer, LT Nancy Franze, the venture was a success. (AMW)



Chaplain Corner

Out of uniform without excuse

By CAPT Herman Kibble,
CHC, USN



Every time there is a seasonal change of Navy uniforms, I am reminded of two of my most embarrassing moments that happened because I was out of the proper uniform, even though I was not without an excuse. These two frustrating incidents happened as follows.

I wore my uniform in order to receive the travel advantages

uniformed officers receive when I checked in at Chaplains' School in Newport, R.I. A young petty officer kept quizzically staring at my collar. Reluctantly, but courageously, he said, "Sir, sir, rank insignias are not worn on the collars of white shirts in dress blue uniforms. There is a rest room with a mirror down the hall where you can make the correction."

An even more embarrassing moment took place at a ground breaking ceremony for a new facility on the Naval Construction Battalion Center, Port Hueneme, Calif., over twelve years later. Assuming the duties of the command chaplain while he was on leave, I was reminded by a last minute phone call that guests—including the base commander and the admiral—were waiting for the chaplain to offer the invocation. Rushing to the site, I offered a fervent and heart-felt prayer and

took my assigned seat. Then I notice that I was the only participant in khaki uniform. When the official photo appeared in the base publication, my most embarrassing moment was obvious to every reader.

Fortunately the proper uniform accompanies the invitation to that final banquet celebrating the marriage of the family on earth with God's family. This is implied in the allegorical story of this event recorded by Matthew 19 centuries ago.

Go to the street

"Go out to the street corners and tell everyone you meet to come to the banquet. They went out on the streets and brought in everyone they could find, good and bad alike. And the banquet room was filled with guests. When the king went in to meet the guests, he found that one of them was not wearing the right kind of clothes for the wedding. The king asked, 'Friend, why

didn't you wear proper clothes for the wedding?' But the guest had no excuse. So the king gave orders for that person to be tied hand and foot and to be thrown outside into the dark. That's where people will cry and grit their teeth in pain. Many are invited, but only a few are chosen." (Matthew 22:9-14, CEV)

We can learn from this paradigm some essential lessons.

* Our creator-king is an

equal opportunity person: "Tell everyone to come to the banquet," (good and bad, regardless of rank, status and wealth.)

* The creator-king considers each as a friend. ("Why didn't you have proper clothes, friend?")

* Finally, if any of us is out of uniform—the uniform of grace—we, like the one in the paradigm, will be without excuse.

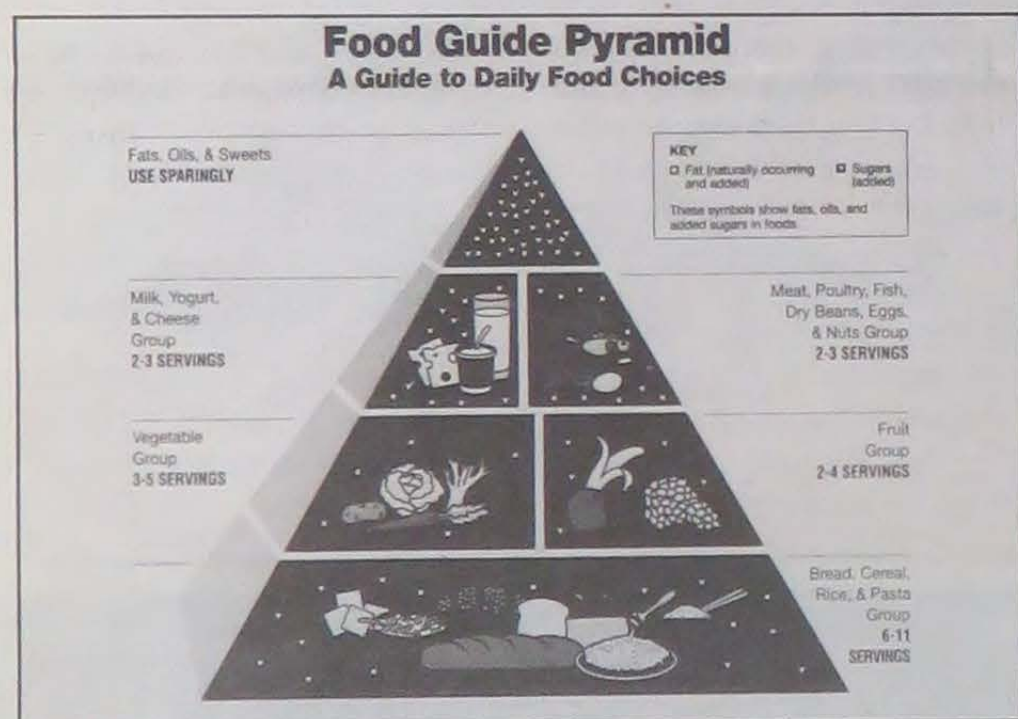
Religious Services

Catholic Mass	Mon-Fri Sunday	Noon 8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

Nutrition News

Introducing the food guide



The Food Guide Pyramid is new, different and designed to make the basics of a healthy diet easier to understand. Pub-

lished by the United States Department of Agriculture (USDA), the pyramid demonstrates how all healthy Ameri-

cans 2 years of age and older can piece together a healthy diet.

As its name implies the Food Guide Pyramid is a guide to help you meet your nutrient needs. It is not a rigid set of do's and don'ts that denies you favorite foods and leaves you unsatisfied. Instead, it offers an eating outline that enables you to add food choices to fit your taste and budget.

Let's take a look at the Food Guide Pyramid's overall message and at its individual pieces.

The overall message from the Food Guide Pyramid is to select foods that, together, give you all the essential nutrients you need to maintain health without eating too many calo-

ries or too much fat (especially saturated fat). Easier said than done? Not necessarily, if you read the pyramid one piece at a time.

The "Bottoms Up" Message

The pyramid's pieces represent both the basic five food groups (levels 1-3) and the fats, oils and sweets commonly found in our diets (level 4). The size of the food-group piece corresponds to the recommended number of daily servings from the food group. For example, the Bread-Group is the largest in size and it has the greatest number of recommended servings.

The triangle and circle shapes scattered throughout the pyramid's pieces represent the added and naturally occurring fat and oil in certain foods, as well as the added sugars. Many triangles and/or circles in food-group piece mean that many of the foods in that category contain a large amount of naturally occurring, or added, fat and oil and/or added sugars.

Start at bottom

If you start at the bottom of the pyramid and work your way up, you will see how selections from the food groups and other foods can be pieced together to form a healthy overall diet.

Tooth decay shot

USNDC Yokosuka (NSMN) — Wouldn't it be great if you could be vaccinated against dental decay? This thought has been occupying the efforts of many scientists for years. Of course, you will still need to use "the old toothbrush and toothpaste" to help fight gum disease, but cavities would be history. This may sound like science fiction, but it may be reality in the near future, according to the Academy of General Dentistry.

By year 2000

By the year 2000, your dentist may give your 1-year old a pill to prevent the development of cavities. Cavities are not life-threatening, but they cause pain and are expensive to fill. This is why the 20-year search for an anti-cavity vaccine will continue until a "magic pill" is discovered.

During a study at Emory University School of Dentistry in Atlanta by Dr. Richard Gregory, cavity-causing bacteria decreased by 99 percent over a three-month period. Sixteen volunteers took capsules that cause an immune response to the bacteria that cause cavities.

20-year search

A Harvard University affiliate, Forsythe Dental Service, will continue its 20-year search for the vaccine. Forsythe is near the completion of clinical trials on humans with an isolated protein of naturally occurring bacteria, says Dr. Dan Smith, one of the Forsythe investigators. Researchers have already found that cavity-causing bacteria begin to form in infants when teeth begin to develop. Their goal is to find a

vaccine that could be given to 1-year old infants that would prevent the cavity-causing bacteria from ever beginning to develop.

Before such a capsule would be available to the general public, research would have to be conducted with large numbers of adults and with children, who are more susceptible to cavities than adults. The capsule would need approval by the Food and Drug Administration.

Closer and closer

As you can see, we are getting closer and closer to a solution. Hopefully, our children or their children will be able to benefit from these wonderful advancements of science. In the meantime, remember nothing can replace a good flossing and brushing on a daily basis, backed by regular check-ups.

Organ/tissue donation is expression of human caring

National Organ/Tissue Donor Awareness Week 1993 was observed throughout the United States April 18-24. This recognition was established to let all Americans know that organ and tissue donation is an accepted and unique expression of human caring. Although health care organizations continue to put greater effort into publicizing the need for organ and tissue donors, the demand increases faster than the supply.

The official observance has passed, but the demand remains, and federal employees throughout the Greater Bay Area are reminded that they can play an important role in helping increase awareness of this urgent need. Interested employees can get more information by contacting the California Transplant Donor Network at (800) 55-DONOR and request a fact sheet. They will learn how much each and everyone of them can make a special gift—the gift of life—and are encouraged to consider signing organ donor cards and discuss their decisions with their families and friends. (AMW)

Allo!! Allo!!

If your idea of "French" goes beyond french fries and french vanilla ice cream, join "l'heure française" (French hour) on the first Friday of every month in the 7 North Conference Room from 12 noon to 1 p.m., starting June 4th.

We'll provide culture and conversation, you provide your own lunch as well as books, magazines and other material of interest you'd like to exchange.

Point of contact for further information is Andre Khougaz. He can be reached at (510) 633-5100. A bientot!

TQL in action: It really works

In April 1992, a Process Action Team (PAT) was initiated to review process of the In-Patient Medical Record Department in order to attempt to solve the chronic and endemic problem of being unable to process patients' medical records within 30 days of their discharge.

During a presentation he made to the directors on April 28, team leader, LCDR Stephen Astrachan, outlined the sequence his team followed to pinpoint the problem, and offer a solution.

They followed what in TQL language is called, the FOCUS

of the problem.

Understand sources of variations.

Select solutions to improve the problem.

Plan for the improvement.

Do the plan.

Check to see if improvement is working.

Act to hold the gain.

In accordance with the cycle, the PAT team followed a series of steps outlined below:

* Simplified charting process to define major areas of the process.

* Brainstormed each area of the process to determine cause of prob-

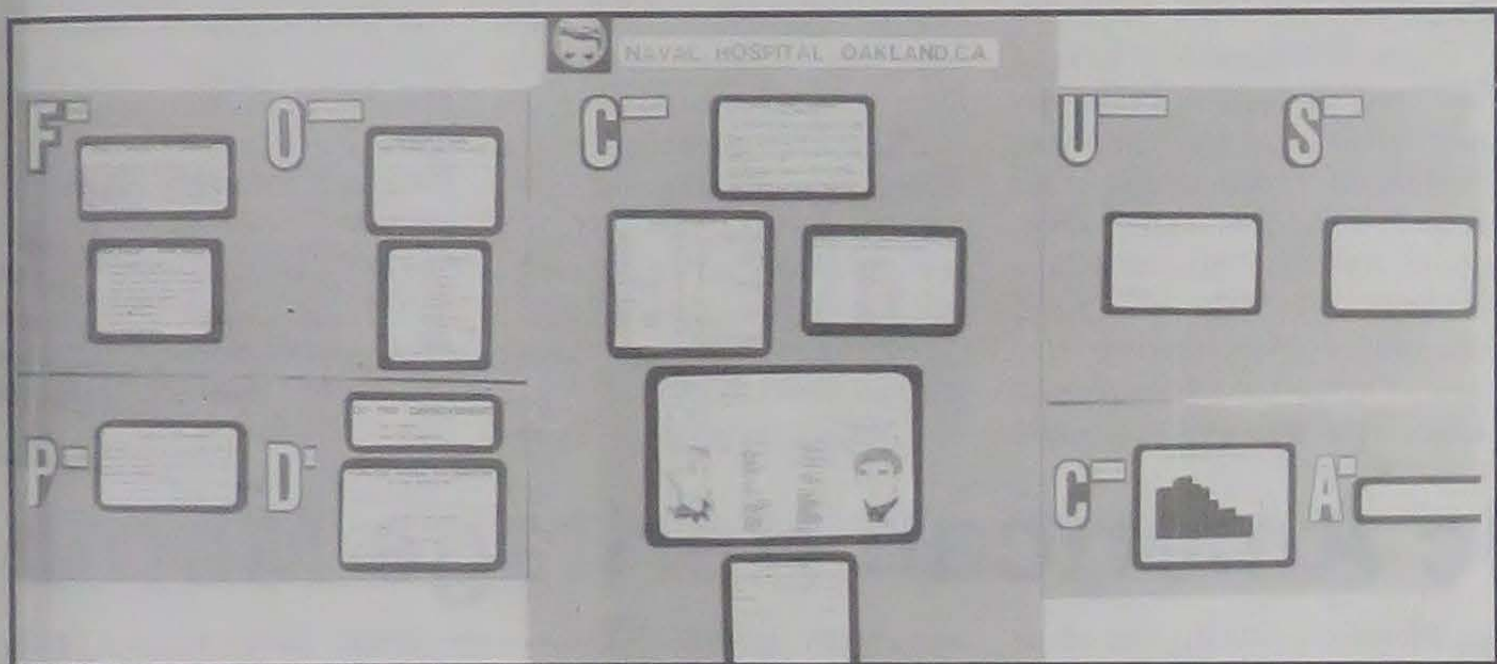
scription as the major fundamental culprit.

* Worked up a computer-generated Record Flow Board which proved to be an invaluable managerial tool because it allows staff to see where problems are arising in a very complex system.

* Identified three (3) areas for immediate process improvement:

Discharging medical team.
Radiology report process.
Identification of verbal orders.

As a result of this long, ardu-



PDCA cycle. This acronym that stands for:

Find an opportunity for improvement.

Organize a team of people who know the process.

Clarify current knowledge

lem.

* Worked up an Affinity Diagram (list each area) to look for fundamental underlying problem.

* Drew Relationship Diagram which pointed up to trans-

ous, process, the PAT team was able to identify the problem for later action. Its recommendation was that any further work on transcription will be done through the working chain of command. (AMW)

HIV and You!

By LCDR Catherine Wilson, NC, USN

BUMED Washington (NSMN) — As we continue our series on the human immunodeficiency virus, let's take a serious look at the question of who is getting HIV.

To answer this question, here are some disturbing facts that we should all know:

Women of reproductive age are the fastest growing group infected with HIV; ethnic minority women represent the highest proportion of those women who are infected.

The number of teens who have acquired immunodef-

iciency syndrome (AIDS) has increased dramatically, making AIDS the sixth leading cause of death among those between the ages of 15 and 24. More alarming yet, three million of these young individuals are infected with a sexually transmitted disease (STD) each year.

...Women of reproductive age are the fastest growing group infected with HIV...

The same risky sexual behavior that transmits HIV transmits STD's.

There are at least 1,500 - 2,000 new HIV infections among newborns each year.

HIV and STD's are easily preventable diseases. Who you are has nothing to do with whether you are in danger of being infected. What matters most is what you do — how you behave.

Know the facts and think before you act. You only have one life, so choose behaviors that will protect you and those you love.

To learn more about HIV and AIDS, or to become a Navy-certified instructor, contact the Navy medical HIV program at (301) 295-0048 or DSN 295-0048.

(LCDR Wilson is the surgeon general representative for HIV education.)

Navy Family Service Centers offer a variety of classes

FSC NAS Alameda

Women's health update '93

The Wellness Committee (Navy Marine Corps Relief Society, Branch Medical and Family Service Center, NAS Alameda, NAVCARE and Naval Hospital Oakland) is proud to announce a spring conference designed for women. The keynote speaker, Pam Moore from KRON-TV Channel 4, will set the tone and participants will then choose two out of four workshops offered. The choices are "The Juggling Jungle" (balancing all that life has to offer), "Nurturing the Beauty Within" (body image, weight loss and nutrition), "The Choice is Mine" (reproductive update) and "My Body My Health" (medical health awareness). This valuable and informative seminar will provide the latest information and insights on physical and emotional health. Do something special for yourself and join us for the morning at the BOQ Conference Room, NAS Alameda. A continental breakfast will be provided by the Carl Vinson Officers' Wives' Club. NMCRS will reimburse child care for registered participants. Call Family Service Center at 263-3146 to receive a registration brochure. Saturday, June 5, 8:30 a.m.-12:30 p.m.

Mid-Day moms

The Wellness Committee is sponsoring a program for new mothers on the second and fourth Wednesday of each month. This informal gathering will meet from 11 a.m. until 12:30 p.m. Bring a bag lunch. Navy Marine Corps Relief Society will reimburse child care for all registered participants. Group discussion will be facilitated by a pediatric nurse practitioner, a visiting nurse and a new parent support coordinator. Please call 769-1717 to let us know you are coming. Infants are welcome. May 26, June 9 and 23, 11:30 a.m.-12:30 p.m.

How to interview successfully

This is a new two-part workshop using video analysis to help participants prepare for the interview process. There will be an emphasis on verbal and non-verbal communication, preparation for the interview, appropriate attire, and how to answer difficult questions. Learn how to make that first impression count and how to interview with confidence. These workshops are being held on Thursday evening May 27, 6:30 p.m.-8:30 p.m.

FSC Treasure Island

Pregnant sailors workshop

The Pregnant Sailors Workshop (PSW) is scheduled for Thursday, June 3rd, 8:30 a.m. - 3:30 p.m., in Building 257 at Naval Station Treasure Island's Family Service Center. Tenant commands are also welcome to participate in this program. Additional PSW are scheduled for: Sept. 2 and Dec. 2.

This workshop will include briefings by housing, medical and child care, child management as well as a presentation by the Administration on the Navy pregnancy policy, rights and responsibilities of active-duty parents. The Navy-Marine Corp Relief Society (NMCRS) will present the Budgeting for Babies course. E-5 and below are eligible for a NMCRS seabag worth approximately \$90. A voucher will be provided to those eligible during the workshop.

Fathers of babies and pregnant dependents are welcome to attend. Pre-registration is required and may be done by calling FSC at (415) 395-5176/5189.

Job hunting for the military spouse

May 25, 10-11 a.m. Many

spouses would like to begin their employment before they relocate, but many don't know where to start or how to explore the job market in their new area. FSC would like to provide information on how to begin exploring the job opportunities in your new neighborhood even before you move. Everyone is welcome to attend, even if you're not a spouse or planning to relocate any time soon.

Preparing your will and power of attorney

May 16, 9-11 a.m. This workshop will focus on wills, the benefits of having a will and on when you should consider having a power of attorney. Sign up now to ensure that all your paperwork will be in order before deployment.

Deployment discussion group

May 26, 3-5 p.m. Anticipation, loss, detachment and withdrawal are key stages related to emotional adjustments when our loved ones deploy. Come share and discuss ways to better handle stress associated with deployment issues. This facilitated group will be geared towards developing greater awareness of support and networking. Funds for child care are available. Call FSC for more information.

Patient Appointment System

To schedule and cancel all clinic appointments, call

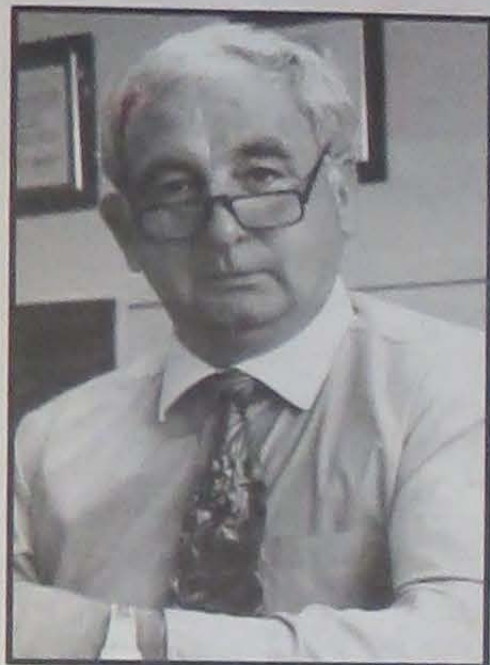
(510) 633-6000,

Monday through Friday, from 8 a.m. to 4:30 p.m.

No more busy signals!!!!

Speak directly with an appointment clerk.

Plus and Minus



by mike meines

Recently, Carole and I went shopping. Not an earthshaking revelation, however, it isn't very often that we do this. Usually, I'm way too busy with manly things, like testing the remote control or beer tasting. It was the first store we entered and - I swear to you - we were thisclose to being out the door. Just a heartbeat from our

escape when I heard those dreaded words... "Oh, isn't that CUTE?"

The CUTE thing was a fish-bowl shaped like the earth. The outside of the box proclaimed that all it lacked was the fish. It included a filter and a pump, the gravel and a small container of food.

Since I grew up in a traditional home, I am only familiar with traditional pets...dogs and cats. I've never had to take care of a bird...let alone fish. Carole was quick to reassure me.

"Years ago, my daughter Michelle had goldfish and when we went on trips, we would bring them along in a mayonnaise jar. They are really easy to take care of."

So she got the outfit and we brought it home and set it up.

"What kind of fish should we get?"

"I really recommend goldfish," she says wisely, "They are impossible to kill."

So we run down to the fish store. The lady was very helpful. She was quick to back up

Carole's contention that goldfish are hearty fish that can survive anything.

Carole allowed me to pick out a couple of fish, in an effort to make me feel that I was a part of the whole process. I chose two pretty goldfish and an algae eater, commonly known as a "sucker-fish" that keeps the fish bowl clean by eating all the algae. Kind of like a fish maid.

Something should have given me a clue that my fish-raising skills parallel my green thumb—perhaps when the algae eater scrunched down as deep as he could get amongst the rocks and literally tried to fly out of the bowl. He wasn't even interested in cleaning the bowl.

The directions on the food said not to feed the fish any more than what they can eat in five minutes. What kind of direction is that? What do I know about what fish can eat in five minutes? Tablespoons, cups, even dashes - I understand. Can you imagine time in a recipe? Like, "Do not use any more

sugar than you can eat in thirty seconds".

Well, I knew they hadn't had a meal in at least an hour, so I dropped a couple of healthy pinches into the bowl. It was kind of nice watching them swim around. I timed it and it looked as though they could really pack it in...in an amazingly short period of time. I made a quick mental note.

About three hours later, I noticed the water was a little cloudy. I went back to the instructions and noticed that I was supposed to feed them "no more than three times a day". Since it was getting late in the day, and I had only fed them once, I chucked in another couple healthy pinches. Two hours later, you couldn't see to the other side of the bowl but I was tired and knew that I had to feed them one more time before I went to bed, so I tossed in a couple more healthy pinches and hit the hay.

The next morning Carole got up first.

"What did you do to the

fish?"

"What do you mean?"

"Come and look."

There they were. Belly up and floating.

"Gee, somebody ought to check the life span on this species."

"Michael, how much did you feed them?"

"No more than I could eat in five minutes."

"I hope you're proud of yourself. You killed the fish."

The tally was three fish. I am not one to give up though. Stay tuned to the next edition to hear the rest of the story...

"Later, Baby!"

Personals:

JO2 Brown: Hurry back. We need you.

Master Chief Chapman: Sounds good, huh?

Jeanne-P. Miltier: How's it going?

Doris G. Lance: Are you out there?

Mom: I purchased 50 lottery tickets for you for Mother's Day. You lost.

May is Asian Pacific American Heritage Month

May 1993 marks the 15th annual observance of Asian Pacific American Heritage Month. Over seven million citizens trace their ancestry to Asia and the Pacific Islands. This year's theme, "Harmony in Diversity," highlights the courage and commitment with which they have lived the American dream of equal opportunity for all. It is a time to honor and recognize the many sacrifices our fellow countrymen and women, both military and civilian, have made and the leadership they have provided.

Asian Pacific Americans have served with distinction in

the defense of the United States since the Spanish American War. Eight Asian Pacific Americans were among those killed when USS Maine was sunk in Havana Harbor. In 1915, fireman Second Class Telesforo Trinidad received the Medal of Honor for saving two of his fellow shipmates during an explosion aboard USS San Diego. During the Second World War, the 100th Infantry Battalion and the 442nd Regimental Combat Teams, composed primarily of Japanese Americans, earned more than 18,000 medals, making them the most decorated unit for its size

and service in the history of the United States. Nine Asian Pacific Islanders have received the Medal of Honor in the military services, five of them for action during the Korean and Vietnamese wars.

Today, more than 25,000 enlisted men and women and

more than 1,800 officers of Asian Pacific extraction serve proudly in the Navy and Marine Corps. Preeminent past leaders of the Navy and Marine Corps team include Brigadier General Vincente T. Blaz, USMC, (Ret.), and Rear Admiral Ming E. Chang, USN, (Ret.). Distin-

guished Naval leaders today include Vice Admiral Kihuna, director, Naval Training and Doctrine and Rear Admiral Ray R. Sareeram, director, Supply Programs and Policy Division.

S/ Adm Frank B. Kelso, II, Acting CNO

500 Naval Reserve health care billets available for veterans and civilians

NAS ALAMEDA, Calif. — With the present tight job market many veterans and civilians are looking to the Naval Reserve's "One Weekend a Month - Two Weeks a Year" program to provide an extra monthly paycheck and a second retirement.

New applicants

Three new applicants were enlisted into the Naval Reserve at Naval Air Station Alameda this month — each for different reasons: AN Juan Guerrero, an Army veteran who seeks technical training; SK3 Yvonne Sauer, a civilian office worker who hails from Ireland and joined the Naval Reserve to do "something different" one weekend a month and EM3 Clifton Watts, an ex-Navy veteran who wants to continue his career and get a second retirement.

Even though the regular Navy is cutting back and Bay Area base closures may become a reality, the Naval Reserve has plenty of reservations for qualified veterans and civilians, especially in the health care field (nursing assistants, LVNs, medical, lab and X-Ray technicians and related areas). In addition to extra monthly income and a second retirement, "One weekend a Month and Two Weeks a Year" provides many active-duty benefits, as well as tuition assistance for school.

No boot camp required

Billets are available for men and women 17-36. NO BOOT CAMP IS REQUIRED for civilians 26-to 36-years old. Government workers and military spouses are excellent candidates for this program. For more information, call YN1 Paul Jordan at (510) 263-9576. The line is open 24 hours a day.

News about softball



On April 30, RADM William Buckendorf called the shots during the MSC - Chiefs softball game. (Official U.S. Navy photo by HM2 James Sandridge)

Intramural Softball League Standings

Team	Won	Loss
Infectious Waste	6	0
Respiratory Ther.	6	0
Physical Terrorists	4	1
Psych-clones	2	1
Nitro Drips	4	2
Lab	3	2
Outlaws	3	2
Stew Burners/ARD	3	2
S. Decke	2	3
Dancing Bears	1	2
Meat Cutters	1	3
Red Devils	1	3
Surgi-Lubes	1	4
Econ Assessments	1	4
B B's	1	5
Patient Admin	1	6

The Red Rover

The Navy's first commissioned hospital ship

Vol. 5 No. 7

Naval Hospital Oakland, California

June 11, 1993

Meet NHO's new CMC

By JO2 Stephen R. Brown

Master Chief Petty Officer Philip Dozier reported for duty as Naval Hospital Oakland's ninth command master chief on April 27, 1993.

Dozier has been in the Navy for the past 24 years. He has served two previous command master chief positions and welcomes the opportunity to serve as the hospital's new enlisted leader.

"When you set out on every new job you have goals. My goals are to bring senior enlisted leadership and discipline to the command.

"I want the chief petty officers in the command to be a tight-knit team that identifies with the command's philosophy and goals. They are the command's military role model for junior enlisted and responsible for their guidance and direction. I depend on the chief's to set the standards and enforce all the rules and regulations on the spot," Dozier said.

"I want to set the tone on military bearing and courtesy. I want to assist the CO/XO in maintaining a positive command climate based on personnel respect for all members and to ensure that everyone is treated equally," he said.

"I originally joined the Navy for two years," he explained. "The Navy in my initial assessment in high school offered the best opportunity for what I wanted to do, which was travel.

"I've gotten everything I wanted from the Navy. It has met and exceeded my expectations. Basically what I'm trying to do now is pay the Navy back for what it has given me. Travel opportunities, education and

a memorable career. It's my turn to pay back the system for what the system has done to me," he said.

"Making a career in the Navy is still possible. With the reductions in the Navy, it's going to be for the top performers, said Dozier. "It's going to be for the people who have the initiative, the drive, and are able to meet day to day challenges and be flexible in their thinking."

I want the chief petty officers in the command to be a tight-knit team that identifies with the command's philosophy and goals.
HMCM Dozier

Dozier said that when he came in the Navy is like a difference between night and day. "For one thing, when I came in the Navy, there was no locker space for you to have civilian clothing on a ship. Another change is that there is an environment that is totally drug-free and where alcoholic behavior is not tolerated," said Dozier.

"I think we've reached the point where everybody realizes that given the opportunity regardless of your race color or creed, each individual has a fair chance," said Dozier. "I want the sailors of this command to be professionals. I want them to be military sharp and their conduct to be above reproach at all times."

Dozier is an avid sports enthusiast. He has the honor of playing and coaching on several command var-

sity team sports including softball, football, flag football and basketball. Dozier has coached a combined total of 14 Varsity Championship Teams in addition to coaching three Navy Women Softball Championship Teams, 1982, 1983, and 1988. His goal is to make the all Navy Bowling Team in 1994. He is currently a member of the United States Military Sport Association and is affiliated with M.W. Prince Hall Grande F & AM of Oklahoma and the United Supreme Council, 33, Grand Orient, Washington, DC. He has worked at both levels.

Born in Lafayette, La. on Nov. 1, 1951, he graduated from Erath High School, Erath, La. in 1969. That same year he entered the Navy, and following recruit training was a student at Hospital Corps "A" School, San Diego. After completion of Corps School he was assigned to the Naval Hospital St. Albans, N.Y. Next he served at the U.S. Naval Home, Philadelphia. During his tour at the U.S. Naval Home he was promoted to the rank of petty officer second class.

In October 1972, Dozier was assigned to the Naval School of Health Sciences, Portsmouth Va., as a student in Medical Services Technician Class Six. He completed Medical Service Technician School and was assigned to the Thirty Naval Construction Regiment, Davisville, R.I., where he was attached to Mobile Construction Battalion ONE. Dozier first assignment as an independent duty corpsman was with Mobile Construction Battalion One Civic Action Team 0111. In May of 1974 he deployed with the team to the Trust Territory of the Pacific Island, East Carolina Island of



HMCM Philip Dozier

Ponape, where he served as the team "Doc." He was promoted to petty officer first class during this tour. Additionally, as an independent duty corpsman, he was assigned to MCB-ONE Det Subic Camp Jefferey, Subic Bay, Republic of the Philippines, from April 1975 to January 1976 and MCB - ONE Det Camp Moscript, Roosevelt Roads, Puerto Rico, April 1976 to October 1976.

In October 1976, Dozier was assigned to the Bureau of Medicine and Surgery in Washington, DC until January 1980. During this tour he was promoted to chief petty officer. In January 1980 he was assigned as the independent duty corpsman aboard the USS Surabachi (AE21). Dozier attended the Naval School of Health Sciences, Portsmouth, Va.,

New CMC page 8

Base closings change DoD's medical care

By Master Sgt. Linda Lee, USA
American Forces Information Service

Military dependents and retirees who remain in areas where DoD has realigned or closed bases will still receive health care delivery options after their local military treatment facility closes.

So said RADM Harold Koenig, U.S. Navy, deputy assistant secretary of defense for health services operations, on hospital closings and alternative medical care in recent testimony before the Base Realignment and Closure Commission. Hospitals on installations slated to close or realign will close also, said Koenig. Eighteen hospitals were caught up in previous base closure lists; DoD's proposed 1993 list would shut an-

other nine.

The commission will recommend base closures and realignments to President Bill Clinton by July 1. For final action, the list then goes to Congress, which must approve or reject it in whole.

By law, active duty military members are the only segment of the military community entitled to comprehensive medical care. Family members, retirees and others can be treated in a military facility, said Koenig, if there's space available. Many retirees and their dependents choose to settle near military installations for easy access to military medical care.

"The costs in dollars and manpower for DoD to continue to operate military hospitals when a base closes are prohibitively expensive," said Koenig. "Military retirees who have chosen to make their homes

near military medical treatment facilities slated to close must decide where they will seek health care in the future and how they will pay for it."

DoD, realizing that many will face a dilemma concerning medical care, is working on several options to minimize adverse impacts on beneficiaries.

One option already in use by many active-duty dependents and retirees is the Civilian Health and Medical Program of the Uniformed Services, better known as CHAMPUS. The program, established by Congress to provide health care to nonactive duty beneficiaries when the military system isn't available, share the costs of health care purchased from civilian sources, said Koenig.

One drawback to the program is CHAMPUS ends when Medicare

kicks in at age 65.

In addition, the department is studying a triple-option program in areas with large beneficiary populations near closing installations. Along with CHAMPUS, the options include a preferred provider organization with lower out-of-pocket costs than CHAMPUS and a health maintenance organization with preventive care benefits and a nominal fee for enrollees.

Koenig said several areas have already instituted programs. For example, individual using the hospital at Florida's Homestead Air Force Base and Orlando Naval Hospital, and Fort McClellan, Ala., can use the CHAMPUS Southeast Region's preferred-provider organization. In this program, patients can seek care from their choice of providers any time they use their CHAMPUS benefit. No previous enrollment is required.

Selecting a preferred provider means beneficiaries will pay lower out-of-pocket costs and have the provider fill all CHAMPUS claims,

DoD's medical care page 8

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Command picnic Saturday July 10, 11a.m. - 5 p.m.

Oak Knoll Viewpoint

How do you plan to spend your summer vacation?

(Official U.S. Navy photos by MM2 Dziki)

HM2 Christine Wurst
CMC Office



I plan to enjoy various nature activities with my fiancé Bill, read a few good novels, love life and help my friends and family to do the same.



Earline Oliver
Administrative Support
Department

I plan to take a vacation to Houston some time in July to visit my 95-year-old aunt.

SH2 Larry Armstrong
Operations
Management
Department



I plan to play sports and enjoy the outdoors and to study college sports medicine for my degree.



ENS Deborah Cole,
MSC, RD
Nutrition Services
Department

To be whisked away to some Caribbean Island and eat only nutritious foods while I'm there, of course.

LT Terry Priboth, MSC,
Head, Nutrition
Services Department



I want to take a department head course at Naval School of Health Sciences, go to Yosemite and ride my bike around the Bay Area—not necessarily in that order.

NAVCARE Oakland

New local appointment telephone number

NAVCARE clinic has been awarded a new five-year contract effective June 1, 1993, by the Department of Defense. NAVCARE has been an appointment clinic since October 1992.

**NAVCARE's
new local
appointment
number is (510)
632-5097.**

To improve the service to the military community in this area, NAVCARE is instituting a local telephone number to make an appointment instead of the Virginia-based 800 number that the clinic has been using since October. The new appointment number is (510) 632-5097.

**Routine services
available**

Services available include care for medical conditions such as: respiratory and urinary tract infections, minor injuries, blood pressure evaluations, pelvic examinations with PAP test, breast examinations, rechecks for stable diabetes, thyroid problems, acne, arthritis and hypertension (stable, uncomplicated). Well-child examinations, including physicals for school and sports, as well as annual adult physical examinations (excluding active duty) are also available.

Services not available

Patients with serious or life threatening problems should go directly to a military or civilian emergency room. Obstetrical care, ambulatory surgery, mental health care, overseas physicals and annual physicals or immunizations for active-duty members are not available in the clinic. Patients who are pregnant may not receive care for any medical problems.

Clinic hours

The clinic is open from 7 a.m. to 8 p.m. Monday through Friday and from 7 a.m. to 4 p.m. on weekends and holidays, 365 days a year. Appointments may be made by calling (510) 632-5097. Appointments are required for all NAVCARE services. Walk-in patients will be seen on an "as available" basis.

Radiology services

Diagnostic X-rays and screening mammography are available. Mammography is available on an appointment basis.

Laboratory services

Approximately 30 laboratory tests are performed in our in-house laboratory. The remainder of the testing is sent to a reference laboratory. Abnormal laboratory results and recommendations are given to the patient by telephone or letter. We perform only those laboratory tests ordered by NAVCARE physicians.



From 880 Southbound: Take Hegenberger/Coliseum Exit. Take Hegenberger to Edes. From 880 Northbound: Take Hegenberger Exit to Edes. Turn right on Edes.

Prescription services

Most prescriptions are ordered and filled through our in-house formulary. By contract, we are unable to fill prescriptions for medications written by physicians outside the NAVCARE clinic. Our policy is to provide a 30-day supply of medication unless a shorter course of therapy is indicated. The maximum number of refills that

will be authorized is two.

The NAVCARE clinic and its staff are proud to serve the military community and welcome suggestions and comments concerning their services. Please use their comment cards during your visit to the clinic to keep them informed of your opinions.

Memorial Day message from the president

Each Memorial Day we pause to remember that our freedom has been secured by the blood of patriots. On Lexington Green and in battles around the world, Americans gave their lives in service to their country. Today we honor them for that sacrifice.

We must all rededicate ourselves to upholding the freedom such sacrifice has earned us. The men and women of today's armed forces have a special role in protecting the liberty our forefathers worked so hard to preserve. You stand in the first line of America's defense, and your daily efforts help promote the peace and stability that allow freedom to endure.

The tradition of placing flags and flowers on graves across the world illustrates that the deeds of Americans buried there are still fresh in our memory. Inspired by those brave men and women we honor on this occasion, let us all renew our commitment to protecting the ideals for which they gave their lives.

Bill Clinton

Red Rover

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Civilian of the Quarter

By AA Kevin Cameron

Focusing on the family as well as the individual is sometimes the most difficult aspect of health care. For Dr. Larry Sutter of Branch Medical Clinic Stockton, "Family First" medicine has led him to be named Civilian of the Quarter.

Sutter says the opportunity to practice medicine at the clinic has been the best location for looking at the family picture.

Sutter is the only physician at the clinic along with a handful of assistants. He refers to himself as an "average hard working doctor." Some of the Nation's best physicians would be hard pressed to top the concern and quality of care given at the clinic.

Sutter explained that at the clinic he's been able to focus on the big picture for all of his patients. "Everyday I do the best I can. When I leave at the end of the day I have peace of mind."

With a wry smile, Sutter remembered many house calls and barracks follow ups on patients who would normally be treated and released at a larger facility. "It's great being able to see the results of my care. Since we're a small clinic, I can focus on preventive medicine and reduce the possibility of future prob-



Dr. Larry Sutter discusses the benefits of family health care at Branch Medical Clinic Stockton.

lems," said Sutter.

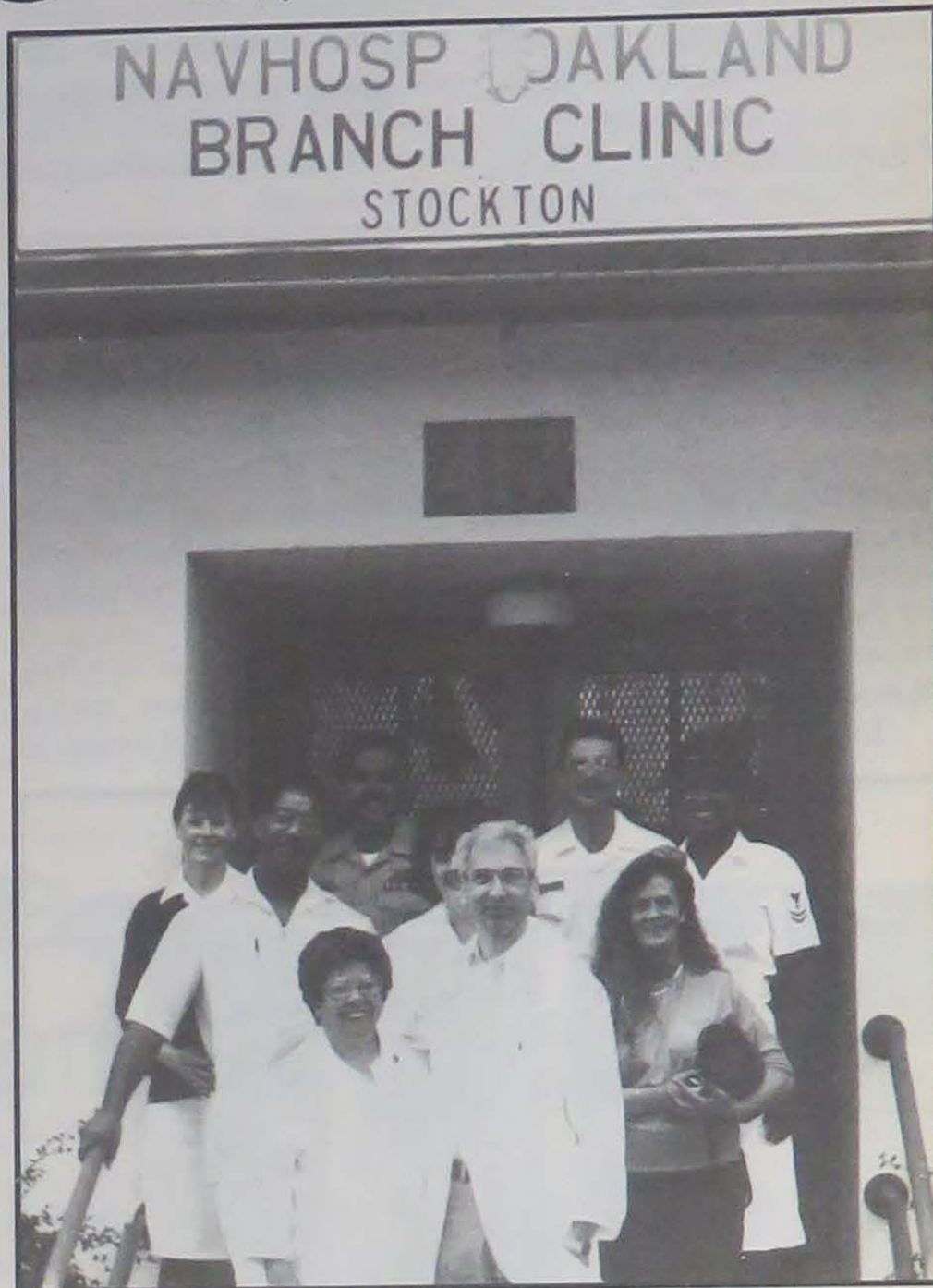
This family-minded doctor insists that a large portion of the clinic's success is the support given by Naval Hospital Oakland. "Many departments have sent literature, pamphlets and materials that I would otherwise not be able to get. The hospital has always provided the best," said Sutter.

Serving in the Navy from 1981 to 1983, Sutter stands behind his conviction that everyone should perform community service or serve in the military. He feels it builds character and increases awareness of what is really important in life--the family.

The Modesto resident credits most of his success to his wife, Lorilee. Although they have no children, their lives have been rich with the rewards that come from mending broken people.

The middle-aged physician was born in the Bay Area and received his schooling in Southern California at UCLA, USC and UC Irvine. In the future, Sutter plans to pursue a psychiatric residency at the UC San Francisco campus in Fresno.

Dr. Larry Sutter brings his sense of family to work and continues to provide positive health care...with a little down home flair.



The entire BMC Stockton staff poses with Civilian of the Quarter, Dr. Larry Sutter. (Official U.S. Navy photos by LaRell Lee)

Labor Department lists popular jobs for the next decade

American Forces Information Service

Looking for a new job or career field? No need to look too far. The Department of Labor publishes a list of occupations that will need people within the next decade.

Compiled every two years, the list also includes career fields with steadily decreasing jobs, said DoD transition officials.

For example, they said, the Department of Labor expects an increased need for paralegals, medical record technicians and computer programmers. How-

ever, the forecast indicates fewer positions for directory assistance operators, butchers and service station attendants.

Indicators show that medical career fields will be the fastest growing over the next 10 years. Most jobs on the list, medical or not, will require some advanced training or

schooling.

Among the nonmedical jobs projected to have numerous openings are correction officers and guards, travel agents, flight attendants, child care workers, legal secretaries, systems analysts and computer scientists.

Other positions expected to grow include accountants, management analysts, receptionists, marketing and advertising managers, human service workers, janitors and data processing equipment repairers. Teacher, teachers' aides, truck drivers, and cooks and other kitchen workers should also do well in the coming years.

Medical secretaries, registered nurses, licensed practical nurses, radiologists and home health aides are just a few jobs in the medical field predicted to expand by decade's end. Other projected job openings include psychologists, physical therapists, orderlies, nursing aides, surgical technologists and res-

piratory therapists.

On the downside, the study indicates that many of the fastest declining jobs are in industries affected by changes in technology. These include machine tool cutting operators, hand grinders and polishers, electrical assemblers, garment sewing machine operators and telephone and cable television line installers and repairers.

There will be fewer farm workers, typists, word processors, private household cleaners, child care workers, bookkeeping clerks and bank tellers.

Don't take a job just because it's in a growing field, DoD transition officials stressed. The best job and career field for you depends on many things, including your priorities, lifestyle and work skills.

Find one that matches your wants and needs, added transition officials, or you may find yourself miserable and the job stressful.

HM1 Jeffery Fotheringham reenlists!



HM1 Fotheringham reenlisted in a spectacular fashion...bungee jumping from 275 feet near Marine World, in Vallejo, on April 24. Fotheringham is a student at the Naval School of Health Sciences, San Diego Detachment. (Official U.S. Navy photo by HM1 Alvin Grant of NHO's Department of Medicine).



Environmental tip Recycle aluminum

Washington (NNS) — Recycling aluminum is much more efficient than producing it from raw materials. Twenty aluminum cans can be recycled into new containers with the same amount of energy it takes to make one from scratch. Some base housing areas have set up curbside recycling systems. The same is true of many civilian communities. If curbside recycling is not available, you can take your recyclables to the nearest recycling center.

Letterman Army Hospital retires the colors

The U.S. Army has staffed a medical facility at the Presidio of San Francisco since 1854. In 1864 the Wright Army Hospital was completed. This building, which now houses the Presidio Army Museum, served as the post hospital for the next thirty-five years. In 1898 the United States won the Spanish-American War and found itself in possession of a vast Pacific empire. To support its operations in the Pacific, the Army built a new general hospital on the Presidio in 1899. This facility, the Army's first modern general hospital, occupied a six-acre quadrangle and consisted of ten wards each containing forty beds. Casualties from the Spanish-American War and Philippine Insurrection began arriving even before construction of the hospital was finished.

The hospital next major medi-

cal challenge occurred after the great San Francisco earthquake and fire in 1906. During the confusion caused by the disaster, LT COL George H. Torney, the hospital commander, opened the doors of the hospital to countless civilian casualties and patients from damaged or overcrowded civilian hospitals.

In 1911 the U.S. Army General Hospital, Presidio, was renamed the Letterman General Hospital in honor of Major Jonathan Letterman, the famous medical director of the Army of the Potomac during the Civil War. By the time of America's entry into World War I in 1917, Letterman was the Army's largest military hospital. By 1919, Letterman's bed capacity reached 2,200.

Between the World Wars, Letterman started its intern training program. World War II brought an

enormous growth in Letterman's responsibilities. Letterman General Hospital was the major mainland hospital for the reception of all the wounded and sick patients and returning prisoners of war from the Pacific Theater. In 1945, for example, more than 72,000 patients passed through Letterman and more than 3,500 beds were operational. On the 20th of October 1945, Letterman admitted an all-time record of 1,862 patients in one day.

Letterman's teaching mission increased with the establishment of formal residency training programs in 1946. When the Korean War began in 1950, Letterman expanded again, eventually reaching a bed capacity of 1,500. The hospital's role in that war ended with "Operation Big Switch" in Autumn 1953. In one day, Letterman received 644 prisoners of war returning from North Korean POW camps, examined them and transferred them to hospitals near their homes.

In 1965, the Vietnam War began and Letterman once again treated casualties arriving from the Pacific. In that same year approval was granted for the construction of a new 10-story, 340-bed hospital. The new Letterman General Hospital was formally dedicated on Feb. 14, 1969. In 1973 Letterman participated in "Operation Homecoming" during which nine former prisoners of war were examined here.

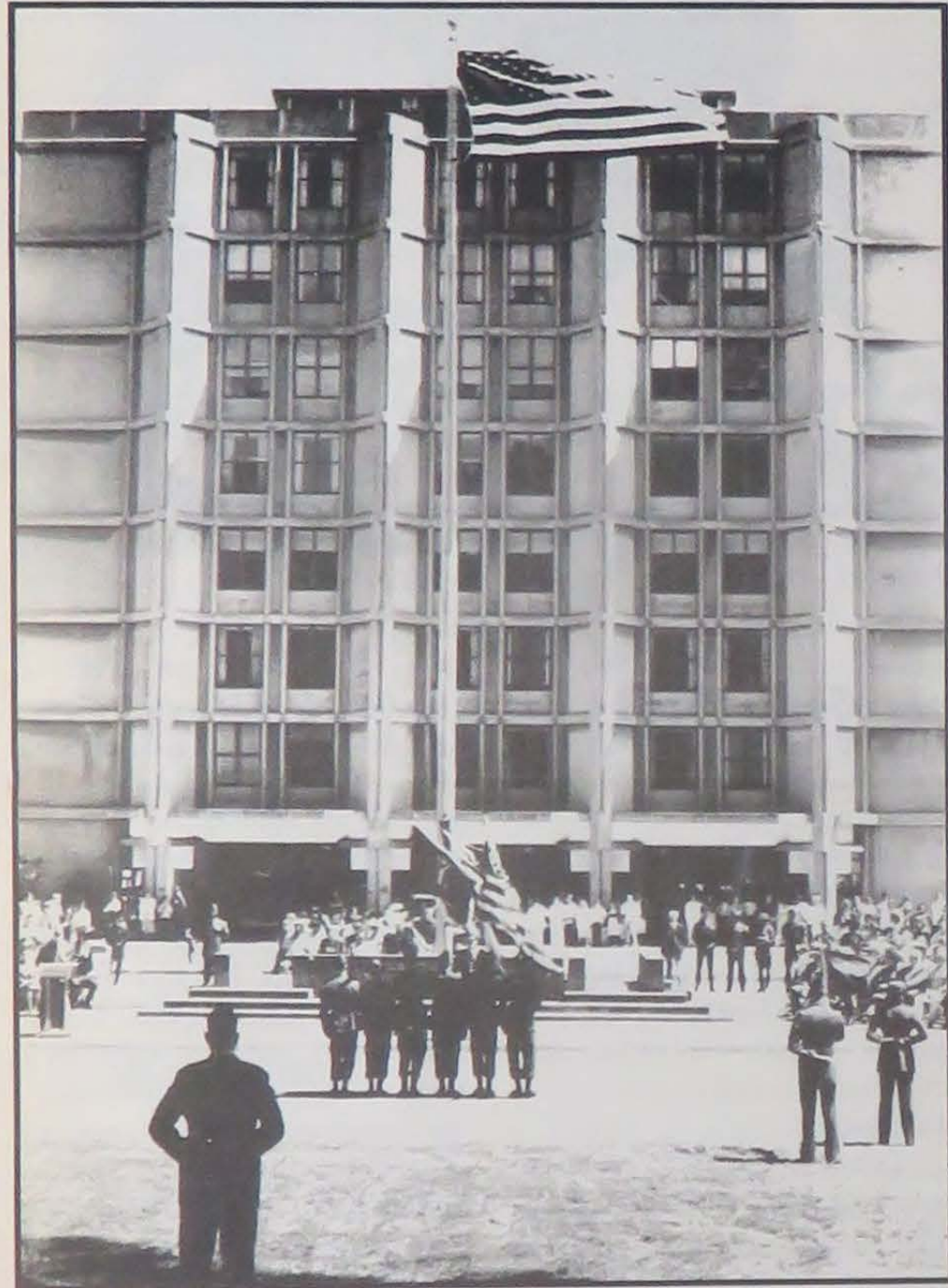
In 1973, the Letterman General Hospital was renamed Letterman Army Medical Center and became the hub of a regional network of military hospitals and clinics. For the next 15 years the Letterman Army Medical Center was one of the premier teaching hospitals and referral centers in the United States, providing quality medical care to hundreds of thousands of a patients each year.

In 1988, the Presidio of San Francisco and the Letterman Army Medical Center were nominated

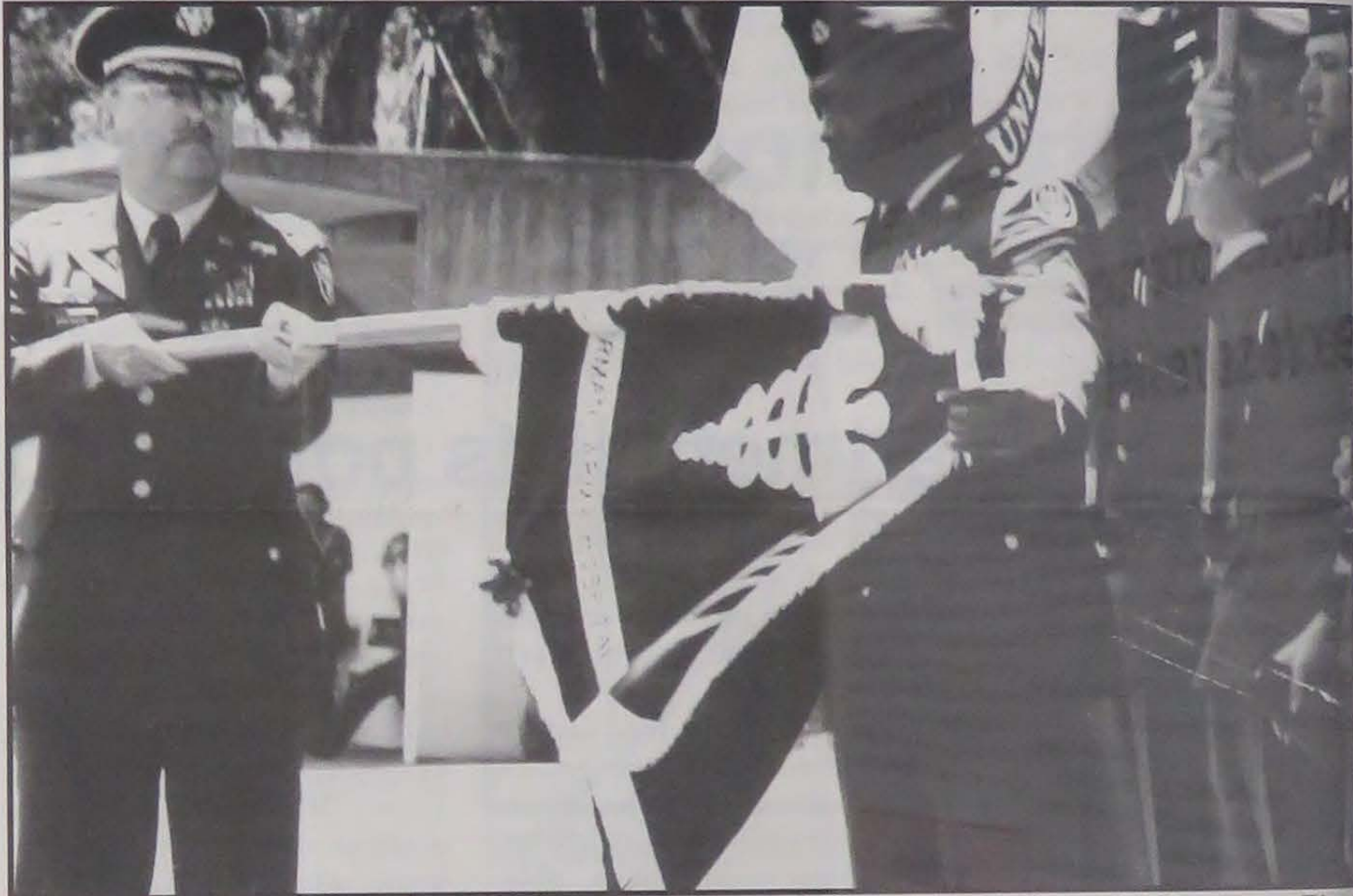
for closure by the Base Realignment and Closure Commission. In 1989 the Letterman staff began the painful and complicated process of disestablishing Letterman as a teaching hospital and regional medical center. On June 8, 1991 the Letterman Army Medical Center was officially inactivated and converted to the Letterman U.S. Army Hospital. Since then, the men and women of the Letterman staff have maintained their tradition of providing quality medical care and community service while continuing to downsize the hospital and its outlying clinics. The Letterman U.S. Army Hospital performed its last surgeries on May 13, and closed its inpatient service on June 1.

June 2, 1993, marks the end of Letterman's service as an Army hospital. The Letterman U.S. Army Clinic will continue to serve our patients and the Presidio community as an outpatient clinic during the next year and will close completely in the Summer of 1994.

Official U.S. Navy photos by AA Kevin Cameron.



In a solemn ceremony, Letterman U.S. Army Hospital retired its colors on June 3, 1993.



Colonel Michael Brennan, LUSAH Commander, furls the colors, assisted by Sergeant First Class Jewel Hansen.



Brigadier General Leslie M. Burger, regional commander, accepts the colors from Colonel Brennan.



Ushers for the ceremony were dressed in period uniforms.



SFC Hansen hands the colors to an unidentified soldier dressed in a World War II medic's uniform, who officially retired the colors.

Jonathan Letterman
11 December 1824
to
15 March 1872
M.D. Jefferson Medical
College 1845
Surgeon, United States
Army
Medical Director, Army on
the Potomac

"An officer who effected an organization of the Medical Department of the Army in the field that not only contributed in a large degree to the discipline and efficiency of the Army, but also robbed war of many horrors; who left behind him for the use of those to come a record of the means by which these noble ends may be achieved; and who, in rendering this great service to his country, added a brilliant page to the record of the humane character of his profession."

Command Headquarters
LUSAH

Civilian retirement incentives reduce forced layoffs

By Evelyn D. Harris, American Forces Information Services

The Department of Defense has authorized the first use of separation incentives for civilians approved by Congress last fall.

Bonuses have been offered to 30 employees at Naval Air Station Corpus Christi, Texas, to free positions for employees from nearby Chase Field, which is closing. Officials may offer bonuses at other area activities, including the Defense Logistics Agency in Corpus Christi and Navy units in Kingsville and Ingleside.

The bonuses are part of DoD's civilian assistance and re-employment program. "We are very encouraged by the early returns at Chase," said Ronald Sanders, principal director for civilian personnel policy at the Pentagon. "When the installation was announced for closure several years ago, it employed over 350 civilians. Today, it looks like we will be able to place all but two of the 30 remaining employees who are willing to relocate. That's a real success story."

The program's object is to

lessen the number of involuntary separations. DoD officials will now offer separation incentive bonuses to a few employees who are eligible to retire on immediate, unreduced pensions.

DoD officials had planned to limit buyouts to those ineligible for retirement or eligible for early retirement. To be eligible for early retirement, an employee must be 50 years old with 20 years' service or any age with 25 years' service.

But "few" is still the operative word, said officials. DoD will offer buyouts to only 5,000 people a year until 1997, according to officials. DoD will offer the incentive pay only to those whose voluntary separation could save another employee from involuntary separation -- a deal personnel specialists call a "one-for-one trade." And DoD won't offer buyouts if the total cost of separation pay at a location exceeds the cost of involuntary separations.

Incentive bonuses are worth up to \$25,000. The formula is one week's salary for each of the first 10 years of service and two weeks' pay for every year after 10 years or \$25,000, whichever is less.

To be eligible for early retirement, an employee must be 50 years old with 20 years' service or any age with 25 years' service.

Then-Deputy Secretary of Defense Donald J. Atwood authorized the program Dec. 22. DoD is targeting incentives case by case to deal with drawdowns at specific locations and agencies.

About 850 employees from the National Security Agency will also be offered incentives to free positions for employees facing involuntary separation.

Also in the works are incentives for nonappropriated fund employees of the Army and Air Force Exchange Service. However, the exchange system is not offering incentives to employees eligible for regular retirement. It expects to offer about 150 bonuses in 1993 and possibly more in 1994. "Currently, we don't think we will need to offer incentives to employees eligible for regular retirement,"

said a personnel official for the system.

Another part of the program is a job swap program. It allows an employee at a base scheduled for closure to swap jobs with an employee at a nearby unthreatened base who is eligible to retire. The employees must have equivalent jobs, and their supervisors must agree. Also, the "retiring" employee must stay at the closing base until it actually closes.

Officials had hoped to have this program completely in place

by now, but the change in administration has slowed things down. Therefore, not all local personnel offices may be able to answer questions about this program. A civilian personnel official recommended that employees threatened with involuntary separation who are interested in learning more about the program contact the zone coordinator for the Priority Placement Program.

Local personnel offices can supply the coordinator's phone number and address.

Also, the Office of Personnel Management approved DoD's request to allow people facing involuntary separation who are almost eligible for retirement to stay on annual leave until they are eligible. The new provision was written with DoD in mind, but applies to employees at all downsizing federal agencies.

Base closure interest increases

BUMED Washington (NSMN) — As of March 24, 1993, the status of the "Base Closure List" is that DoD has provided a proposed list to the Base Realignment and Closure (BRAC) Commission.

After approval or comments from the commission, the list will go to the president and then before Congress.

Until passed by Congress, the proposal is just that, a proposal. Discussing the future of a base, or the impact on a community, is inappropriate until the proposed list becomes fact.

In their dealings with media representatives, it is also important for Navy personnel

to speak only to their area of responsibility, and not speculate on issues beyond their department. Another aspect of dealing with the media, however, involves military member's personal opinions.

All Americans, including government employees and service members, have the constitutional right to free speech and may speak to the news media if they desire. It is the responsibility of any person who chooses to speak with the media to ensure that any statements given are understood as "personal opinion" and not, *repeat not*, the official position of the U.S. Navy or Department of Defense.

Additions to proposed base closure list

The Defense Base Closure and Realignment Commission added the following installations to the list for further consideration for closure, realignment or to increase the extent of the realignment as recommended by the Secretary of Defense:

ARMY

Fort Billen (GA)
Fort Lee (VA)
Fort McPherson (GA)
Fort Monroe (VA)
Fort Ord/Presidio of Monterey Annex (CA)
Marcus Noek U.S. Army Reserve Center (PA)

NAVY

Defense Distribution Depot Norfolk (VA)
Naval Shipyard Long Beach (CA)
Naval Shipyard Norfolk (VA)
Naval Shipyard Portsmouth (VA)
Naval Air Facility Johnstown (PA)
Naval Air Facility Martinsburg (NV)
Naval Air Station Corpus Christi (TX)
Naval Air Station Miramar (CA)
Naval Air Station Memphis (TN)
Naval Air Station Oceana (VA)
Naval Electronics Support Engineering Center Portsmouth (VA)
Naval Station Everett (WA)
Naval Station Ingleside (TX)
Naval Station Pascagoula (MS)
Marine Corps Air Station Beaufort (SC)

Marine Corps Air Station Tustin (CA)
Naval Hospital Beaufort (SC)
Naval Hospital Corpus Christi (TX)
Naval Hospital Great Lakes (IL)
Naval Hospital Millington (TN)
Naval Reserve Center Chicopee (MA)
Naval Reserve Center Quincy (MA)
Naval and Marine Corps Reserve Center Lawrence (MA)
Naval Ordnance Station Louisville (KY)
Ships Parts Control Center Mechanicsburg (PA)

Air Force

Fairchild Air Force Base (WA)
Grand Forks Air Force Base (ND)
Plattsburgh Air Force Base (NY)

Top Gun



The looping roller coaster features a floorless coach suspended below the track, so riders find themselves looking down at their dangling feet.

Starting with a 100-foot climb, the roller coaster plunges into a 360-degree outside loop. Since it is an outside loop, riders find themselves staring at the sky. Coming out of the loop, the ride speeds through a 270-degree high-speed turn, and two sideways twists (referred to by pilots as an aileron roll). (Excerpted from a story written by JOSN Donald P. Rule, COMNAVBASE Treasure Island, Public Affairs Office)

**Come Celebrate
Summer
at our
Command Picnic
Saturday
July 10
11 a.m.- 4 p.m.**

**All staff and family
members are invited.
Lots of food, games and
entertainment!**

Mark your calendars



Summertime Safety

"Critical Days of Summer"

By RADM A.A. "Guido" Granuzzo, COMNAVSAFECEN, Norfolk

Traditionally, we think of summer beginning with Memorial Day and ending with Labor Day. The transition from winter's doldrums to the bright, sunny days of summer is invigorating. We take vacations, spend more time driving and increase our outdoor activities. The longer daylight hours also offer more opportunity for social events. This increase in off-duty activities is not without cost. Motor vehicle accidents rise as travel increases. Recreational injuries and deaths become more numerous. We at the Safety Center refer to this period as the "Critical Days of Summer."

During the last five years, 337 sailors were killed and another 2,997 injured in off-duty accidents during these "Critical

Days."

There's an old saying that "there are no new accidents, just new people having them." We can all profit from the experiences of

others. To prevent these summer-



time mishaps, I ask you to pay special attention to assessing the risk associated with your various activities and taking measures to reduce that risk. Let me give you some food for thought: You're planning an afternoon's boating with some friends. You plan to check the boat and the engine beforehand to make sure you've got the life preservers for all

of your passengers, and to leave a chart of where you're going with your marina. You plan to check the weather carefully and to make sure you've got plenty of sunscreen to avoid sunburn. You know you need lots of fluids so you load up water, soft drinks and maybe a few beers, but not two cases for four people for an

afternoon of boating. The Coast Guard reports that more than 80 percent of boating fatalities involve alcohol.

You're driving eight or ten hours each way to visit family or friends on a long weekend. This scenario kills a lot of our shipmates. Very few of us stay really alert after we've been up for 14 or 16 hours, especially when we're driving the highway at night. Consider reducing the risk by taking an extra day's leave, taking a bus, train or airplane, or taking a shipmate with you.

You're going hiking in the mountains with some friends. Do you have the right equipment? Have you had any training? Do you really know where you're going and do you have a guide? What's the weather like and what's the forecast? Have you told people when to expect you back? If you're not comfortable with your answers to some of those questions, perhaps the risk is too high and you ought to do something a little less challenging.

Whatever the activity, some training, some equipment and some common sense is always required. I challenge each command to encourage a discussion of the management of risks associated with our off-duty activities, and I challenge each of you to participate fully in those discussions. Let's do all we can to participate fully in those discussions. Let's do all we can to take the word "critical" out of the "Critical Days of Summer."

Veterans information

VA Medical Centers offer Persian Gulf family support program

Operation Desert Storm veterans came home to waving flags, yellow ribbons, parades and people who were happy to have them back. These veterans and their families have been getting their lives back to normal. But, the parades are over, the ribbons are faded, the troops have been home for two years, and for many of these families life isn't the same.

A recent report submitted to Congress confirms that many Gulf War veterans and their families are experiencing readjustment difficulties. Several aspects of the Gulf conflict made it different from previous U. S. military conflicts

and contributed to the disruption of family life. These aspects include the unparalleled call-up of National Guard and reserve units, the deployment of large numbers of women and single parents, the rapid call-up of troops and the continuous media coverage of activities in the war zone.

As a result of the Gulf War, there was widespread disruption of family routines, roles and responsibilities. Following the war, many families have experienced difficulties with family communication, marital relationships, children's behavior, employment, alcohol and drug abuse and, in some cases,

symptoms of post traumatic stress.

The Department of Veterans Affairs has responded to these problems by creating the Persian Gulf Family Support Program (PGFSP). This program, now available at VA medical centers nationwide, offers free, confidential individual, marriage and family counseling to Gulf War veterans, their families and significant others. Reservists who served stateside are also eligible. Services are available at various locations in Northern California. For information, call (415) 221-4810, ext. 3470.

Veterans license plate on sale now in California

Sacramento—Retired Navy Admiral B.T. Hacker, Director of the California Department of Veterans Affairs (CDVA), recently announced the beginning of the Veterans Automobile License Plate Program. Funds generated by the \$30 fee for the license plate will be deposited into a special fund designed to assist veterans' service offices in each of California's counties to meet the needs of their veteran population.

Hacker said, "Thanks to the creative work of Assemblyman Mickey Conroy (R-Orange), and strong support from

Governor Pete Wilson, California veterans may now display their pride of service by purchasing the new plate for their vehicles. In addition to beginning a new tradition with the purchase of a plate, veterans will be continuing the proud tradition of "veterans helping veterans." The sale of these license plates will generate additional funds to continue and expand the work of county veterans services offices."

Conroy, a veteran of the United States Marine Corps, became the first Californian to participate in the program by presenting the California Asso-

ciation of County Veteran Services Officers, President Al Smith, with a check for \$30. Smith gave Conroy a replica of the new plate.

CDVA anticipates that by summer, 50 veterans organizations will make their logos part of the program. To purchase a plate, interested veterans can contact their county veterans service office listed in the county government listing in the white pages of the telephone book. All veterans organizations in California are encouraged to take part in this "veterans helping veterans" effort.

Centered in God!

By Chaplain David A. Winslow, USN

June has arrived, bringing with it many activities for you and your families. There are graduations, the end of school, and summer vacation for the children. There are weddings and anniversary celebrations. There is Children's Day, when we honor the need for childlike faith, and Father's Day, when we celebrate the joy of family relationships.

For some of you, the next few days and weeks will bring challenges requiring an infusion of courage and a renewal of religious faith. Illness, medical treatment, surgery, rehabilitation all challenge us to the core of our beings.

My wife has a collection of dolls representing the cultures of various countries. One of her collection is a Russian "roly-poly" doll. Crafted by folk artists during the long Russian winters, this doll is really a nest of dolls. As each doll is taken apart, a smaller doll appears, until the center is a baby wrapped in swaddling clothes.

From this doll we learn something about ourselves. We

are complex individuals, with countless layers of personalities, assorted faces and many emotional levels. When we finally reach the depths of our inner beings, we find a simplicity, a childlike core in which courage is found, and faith is possible.

"Courage" is defined as responding to something that is frightening or painful rather than withdrawing from it. It takes courage to face adversity and seek a way through. In the quiet moments, when fear of pain and fear for the future confront us, we find the courage to respond to these challenges by going forward with appropriate treatments and plans for new days. The courage at our core is found in the quiet moments when the values of our lives are vivid.

In the simple core of our beings we find that part of each of us is from God, and knows God. Spiritual peace, too, comes from the core of our being when we acknowledge that God lives within each of us, giving us strength for each new task, grace to face each new day. With childlike faith, we look to the core of our being and find ourselves centered in God.

Food labels and fat content

BUMED Washington (NSMN) — In order to maintain a healthy level of dietary fat, it is important to start with nutritious ingredients. The best way to ensure that you are putting the best fuel into your body is to carefully examine the contents of your grocery cart. "Fat-nut" shopping habits are often difficult since fat content is often misleading or misrepresented on food packaging.

Since the average American is becoming more aware that the amount of fat they consume is important, food companies label products accordingly. Packagers appeal to the health-conscious consumer with claims such as "95 percent fat-free" and words such as light, lite, low-fat and diet. The fact that there are no current standards regulating these claims can lead to confusion and misinformation, even among those shoppers with the healthiest of intentions.

Labelers use the health consciousness of their consumers in a number of ways. A common tactic is to label a product as having a low-fat content based on weight instead of calorie content. Hotdogs which bear the claim "90 percent fat-free" may actually derive 80 percent of their calories from fat. The "90 percent" of the hotdog touted as being fat-free is actually 90 percent of its weight—a large portion of which is usually water. The 10 percent fat by weight, a basically irrelevant measurement, may account for 80 percent of the total calories. For those trying to lose weight or simply maintain a low-fat diet, eating these "90 percent fat-free" hotdogs could prove to be a serious blunder.

Confusion about the fat content of milk is another pitfall of the health-conscious shopper. Though milk is one of the more common grocery store purchases, its actual fat content is not as clearly represented as it could be by the labels it bears. Since the fat content of milk is calculated by weight instead of actual calorie content, like the hotdogs in the previous example, the amount of fat in milk appears to be very low.

Milk comes in a wide range of fat contents, from whole milk, which derives 50 percent of its calories from fat, to skim milk, which contains virtually no fat calories. Many dieters assume that drinking 2 percent milk is an effective way to cut back on fat. What they do not know is that whole milk itself only contains 3.5 percent fat. In fact, 35 percent of the calories from 2 percent milk are fat, pushing the fat content of this product well over the recommended maximum of 20 percent fat calories for dieters.

LCDR Robert Beardall, MC, USN, assistant director for preventive medicine and occupational health at BUMED, states that the lack of regulation in fat content labeling "underscores the importance of being able to read a label and not just look at health claim messages."

"The words 'light' and 'lite' can mean almost anything from calories to weight, fat, sodium, alcohol content and even color," he cautions. "The only current label relating to fat that you can really trust is 'fat-free.' 'Fat-free' is a good label to look for—you can be sure that the product is, in fact fat-free."

Navy Family Service Centers offer a variety of classes

FSC NAS Alameda

Starting Point

A comprehensive orientation program as well as a brief individual consultation for those seeking information on employment and career choices. It is offered every Monday from 10 a.m. - noon. Get basic information on how to plug into the job market on a full or part-time basis, opportunities from school, training or volunteering. Individual assistance is also available by appointment. The program is scheduled to continue through June 28. For more information please call (510) 263-3129.

Computer training for the volunteer

If you are a volunteer or interested in volunteering and you want to learn the basics of the Macintosh computer, now is the time! Come join us and learn word processing and desktop publishing. Volunteer training is for people who want to develop skills for re-entry into the work force, update your present skills and do something meaningful in your spare time. Wednesday, June 16, 10 a.m. - Noon.

City Safari to Fairyland

We will be taking a fun trip to Fairyland. This theme park features nursery rhymes, fairy tales and a puppet show. This is an ideal place to bring children eight years and under. The cost will be: adults \$5.20, children ages 5-11, \$3.10 and children under 5, \$2.00. The cost will cover admission and bus fare. Bring a picnic lunch or money to buy lunch. Thursday, June 17, 10 - 2:30 p.m.

Don't get caught off balance

Have you found yourself in the middle of a balancing act? Not sure of what you really have in your checking account? Come to our class on checkbook balancing. Take charge of your finances and feel confident when you write the next check. Monday, June 21, 9 - 11 a.m.

Relocation Workshop

A pre-move workshop for personnel transferring out of the area. The topics covered will include household goods, financial and stress management as well as individualized information on your destination. The next RELO Workshop will be held Monday, June 21, 6:30 - 9 p.m. Located in building 78, second deck. For more information please call (510) 263-3129.

Consumer rip offs and credit management

Don't lose your shirt! Become an educated consumer, learn more about credit and how to use it. Thursday, June 24, 6:30 - 8:30 p.m.

FSC Treasure Island

Resume writing workshop

June 16, 9 - noon Learn how to write and make your resume a dynamic, attention-getting tool. Come find out how to use civilian terminologies to enhance your resume. if you are not currently seeking employment.

Job search workshop

June 23, 9 a.m. - noon. This workshop will concentrate on strategies for job hunting. Come and find out what creates vacancies, how jobs are filled and how to look for job openings.

"Just for Spouses" workshop

June 29, 9 a.m. - 2 p.m. This workshop will orient spouses to program services and deployment support available at Treasure Island. The main portion of the workshop will involve a bus trip to San Francisco to learn how to use public transportation and to minimize any fears of traveling to the city. A brief stop for lunch and a city tour of Union Square, Chinatown, and the San Francisco Shopping Center are also planned. If you are unfamiliar with the service areas on base, a van tour can be arranged to those locations after returning from San Francisco. Cost for lunch and transportation is \$10. If you prefer to brown bag your lunch, the cost will be \$4 for transportation only. Child Care funds are available. Sign up now—it will be lots of fun!

Interviewing techniques workshop

June 30, 9 - 11 a.m. Prepare yourself for interviews by attending this informative interviewing techniques workshop. Learn the interviewing process, positive answers to frequent and difficult questions, appropriate attire and more! Prepare yourself and land the job you want.

Job Faire

June 17, noon - 2 p.m. You are invited to attend a Job Faire at the Oakland Convention Center, Broadway & 10th, Oakland, Calif. The first six persons to pre-register can accompany FSC staff in the FSC van. Riders must arrive by 11:30 a.m.; the van will depart FSC at 11:45 a.m. The approximate return time is 2:30 p.m. Bring several copies of your resume in the event a prospective employer requests one. You are encouraged to wear civilian clothing appropriate for a job interview since employers and/or recruiters may wish to interview you. This is an excellent opportunity to explore the job market, even

Ambassador's Club

June 16, 1 - 2 p.m. The Ambassador's Club is being sponsored by the FSC Relocation Assistance Program (RAP). The purpose of the club is to establish an advisory board and obtain support from the military personnel of Treasure Island. The goal is to promote, enhance and market the services of RAP. The Ambassador's Club will work towards resource expansion, enhancement of community liaison and increasing networking contacts. Membership is open to all military personnel. Be a part of the Ambassador's Club to help our relocating shipmates and their families.

Tuition assistance waiver

by JO3 Dan S. Wurdemann
Pacific Fleet Public Affairs Office

Pearl Harbor, Hawaii — "I'm sorry but you will have to pay for the rest of this year's education without the help of tuition assistance." That's what many sailors have been hearing when they reach the annual limit for tuition assistance.

Tuition assistance pays for 25 percent of the college tuition fees while the individual is on active duty. Currently, there is an annual limit of six courses, or 18 credit hours, per fiscal year. But now there is a way out. Waivers are being granted on a case by case basis. The assistant chief of naval personnel for personal readiness and community support, RADM P. E. Tobin, and the master chief petty officer of the Navy, ETMC (SW) John Hagan, are working together to provide extra tuition assistance to those who meet the qualifications.

To qualify for the waiver, the student must submit a letter stating the specific course or credit hours needed above the allowed limit. The letter must also explain why more classes are being taken before the end of the year, and must include the commanding officer's approval.

The waiver is designed for individuals who are close to receiving a degree but are relocating in the near future.

So far this year 70 enlisted personnel and 10 officers have received the waiver. Letters requesting a waiver should be sent to: Bureau of Personnel, Personnel Excellence and Partnerships, Pers 602B, Washington D.C. 20370-6020.

For more information on the waiver, call your local Navy Campus Office.

Women's Health Update '93

The Wellness Committee is proud to announce a spring conference designed for women. This long awaited event will provide up to date information unique to health care for women through workshops and resource exhibits.

The keynote speaker, Pam Moore from KRON-TV Channel 4, will set the tone and participants will then choose two of four workshops offered. The choices are "The Juggling Jangle" (balancing all that life has to offer), "Nurturing the Beauty Within" (body image, weight loss and nutrition), "The Choice is Mine" (reproductive update) and "My Body My Health" (medical health awareness). This valuable and informative seminar will provide the latest information and insights on physical and emotional health.

The Wellness Committee is represented by the Navy Marine Corps Relief Society (NMCRS), Branch Medical and Family Service Center, NAS Alameda, NAVCARE and Naval Hospital Oakland.

Do something special for yourself and join us Saturday, June 12, 8:30 a.m.-12:30 p.m., at the BOQ Conference Room, NAS Alameda. A continental breakfast will be provided by the Carl Vinson Officers' Wives' Club. NMCRS will reimburse child care for registered participants.

Call the Alameda Family Service Center at 263-3146 to register.

Patient Appointment System

To schedule and cancel all clinic appointments, call

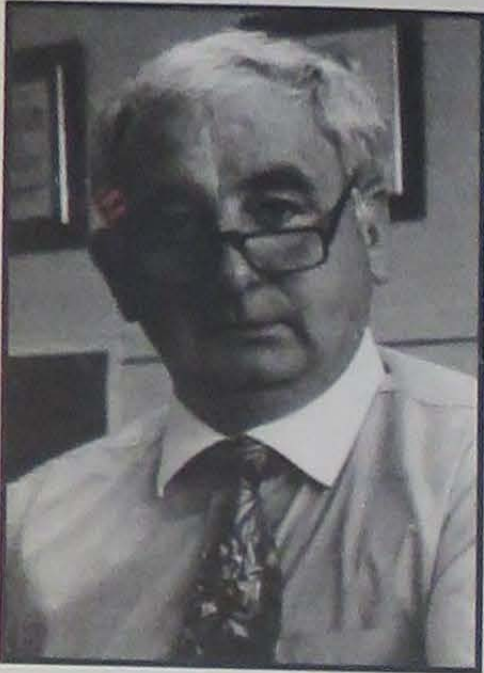
(510) 633-6000,

Monday through Friday, from 8 a.m. to 4:30 p.m.

No more busy signals!!!!

Speak directly with an appointment clerk.

Plus and Minus



by mike meines

Last time we met, the death toll was two goldfish and a fish maid (algae eater). It was a virtual holocaust at my house. Undaunted, we decided to continue our quest for the perfect fishbowl. Well, kinda. Carole made

me promise that I wouldn't feed the fish - ever. With that promise made, we tossed the "Isn't that CUTE?" fishbowl into storage (might be a collector's item someday - Carole). Her boss told her that she had a perfectly good ten-gallon fish tank in storage that she would gladly give to Carole. To me, that is a sure sign of trouble. Why was it in her storage unit, anyway? Collector's item???? Anyway, we got it...but that wasn't enough. "Before we get fish," Carole says, "we have to make their life comfortable in the tank." "What kind of furniture do fish need?" "No, silly, we have to get a filter to keep the water clean and a pump for oxygen. They need plants and they must have colored rocks in the bottom of the tank. They like to hide so we have to get a ceramic something or other. We have to get a light so that it will shine on them and a lid for the tank."

"Wow! Do we really need all that stuff? They're only fish!" "But they're OUR fish..." Off to the pet store we go. The look on the clerk's face told me that she had seen us coming. We must have had "NEW FISH PEOPLE HERE" printed on our foreheads or something. She smiled and introduced herself as Annie... "Annie the Fish Lady". "How can I help you?" "How 'bout some fish, fish lady?" "What kind of equipment do you have?" "Water." "Michael! Behave!" "You're in luck. We are having a sale today on this really nice ten-gallon unit with everything included. It comes with a filter, colored rocks, even food." "We already have..." "We'll take it," Carole says and then under her breath to me, "We'll put the other in storage, someday it could be..." "I know, I know, a collector's item." After we purchased the tank and stuff, we finally went to the fish. "Hey," I said, "look here. These are only ten cents apiece. Using the Meines Math table, I figure if we buy twenty for two dollars, each fish will have a half gallon of water to themselves. Right?" "I guess so but if we have that many fish, we'll have to have more oxygen. We better get some more filters. Oh, we should get some plants and I'd like to get them one of those little diver-guys that also pumps oxygen..." So, we walk out of there with nine bags of junk that is supposed to fit into a ten-gallon fish tank. We also had twenty feeder goldfish and two algae eaters. It took about two hours of quality time to set this hummer up and I'll have to admit, it looked pretty cool and I was so

proud. "You don't have to worry, Carole, I'll take care of them." Thinking to myself that the food instructions said to feed them no more than they could eat in five minutes, I very carefully put twenty-two pinches of food into the tank. Needless to say, when we got up the next day, our school of fish had been downsized to a morgue. Carole said that we could get two more fish if I promised that I wouldn't try to feed them any more. "Later, Baby!" PERSONALS: LT Nancy Franze: Hey Stella...who's on deck? CAPT Snyder: Welcome aboard! Mary Smith: Please know that some of us love you very much. BIO Med Photo guys: Thanks. You've come through again. Mom: I did what it said on the package. Honest.

Intramural softball standings as of June 4, 1993

Team	Won	Loss	Percent
Infectious Waste	10	0	1.000
Respiratory Therapy	9	1	.900
Outlaws	7	2	.777
Psych-Clones	6	2	.750
Lab	7	3	.700
Meat Cutters	5	3	.625
Dancing Bears	6	4	.600
Nitro Drips	5	4	.555
Physical Terr.	5	5	.500
Stew Burners	5	6	.454
S. Decke	4	5	.444
Red Devils	2	6	.250
Surgi-Lubes	2	7	.222
BB's	2	9	.181
Economy Asses.	1	8	.111
Patient Admin.	1	11	.083

New CMC...continued from page 1

Physician's Assistant School in April of 1980. In May of 1981, he accepted temporary appointment to chief warrant officer two. While serving in a dual status (Temporary Chief Warrant Officer and Permanent Enlisted) he served as a primary care physician assistant from May 1981 to October 1988. As a temporary chief warrant officer he was promoted to CWO3 in

March 1984 and to CWO4 March 1987. He was promoted to senior chief petty officer October 1982 and master chief petty officer October 1985. Dozier reported for duty at Naval Hospital Long Beach in January 1989 and was assigned to the Branch Medical Clinic, Naval Station, Long Beach, as the Senior Enlisted Advisor until May 1989. He was assigned

as command master chief, Naval Hospital, Long Beach May 25, 1989 to April 16, 1991 and from April 17, 1991 to April 9, 1993. HMCM Dozier awards include: Navy Commendation Medal (first award), Navy Achievement Medal (first award), Good Conduct Medal (sixth award) National Defense Ribbon (second award), and the Overseas Service Ribbon with three stars.

DOD medical care...continued from page 1

Koenig told the commission. He added that individuals are not liable if costs exceed the amount allowed by CHAMPUS. Officials are working on changing pharmacy services. Congress recently passed legislation that any managed-care health program awarded, begun or renewed after January 1993 must include pharmacy services available through a network of community retail pharmacies, said Koenig. Congress also stipulated that in areas "adversely affected by the closure of a health care facility as a result of base realignment and closure program," beneficiaries can use retail network pharmacy services without regard to Medicare eligibil-

ity, he said. "This new pharmacy program will provide mail order pharmaceuticals and retail pharmacy networks in selected base realignment and closure areas and will offer medications at lower out-of-pocket costs than cost-sharing under CHAMPUS," Koenig said. People who live in base closure areas who can't use CHAMPUS because of Medicare-eligibility will still be able to use the pharmacy benefits. Koenig also explained that U.S. military hospitals are operating at only half of their inpatient capacity, shifting most medical care from inpatient settings to ambulatory clinics. He attributed this trend to increases in preventive health care and outpatient procedures and markedly

shortened patient stays. "We cannot afford to maintain this excess bed inventory," he added. Koenig said the hospital closures should have little effect on military readiness. In an emergency, the services can triple their current bed levels, he remarked, and if necessary, veterans hospitals and the national disaster medical system can be called into play. These resources provide more beds than DoD needs for any scenario, he said. The departments's overall objective, Koenig said, is to ensure that eligible beneficiaries have continued access to high quality, cost-effective health care.

Sports Conference News

Tennis Tourney

No matter what your racquet is, you will all enjoy the 'Open Singles' and the 'Junior Veteran/Seniors' tennis tournament. The event is scheduled to begin on June 14 at Naval Hospital Oakland. Play will begin at 9 a.m. each morning through the 18th.

Women's and Men's Golf Tourney

If you're like the majority of people and couldn't hit your way out of a wet paper bag, maybe the gallery is the place for you. If not, NAS Moffet Field will be hosting a Golf Tournament starting July 15 at 8 a.m. There will be a Men's Open division, Senior (age 40 and below) division and the Women's. The low 16 scores in the Men's and the low eight scores in Senior's and Women's divisions. NSGA and local course summer rules will govern the tournament. The Recreation Office will provide green fees and awards. Games balls will be given for finals only. (Inquiries may be referred to Mr. Jim Gass, C.P.S.C. Recreation Office, Mare Island Naval Shipyard, Vallejo, CA 94592-5100. Telephone (707) 646-9356; autovon 253-9356)

Men's Slow Pitch Softball Tourney

This promises to be a great event scheduled to begin July 10, at NAS Alameda. Entries and team rosters should be forwarded to: Mr. Joe Hash, Athletic Director, NAS Alameda. These rosters should include each player's full name, social security number, position, rate/rank and command. Each team is limited to 16 players plus a manager and a coach.

News from Tickets and Tours

Marine World Africa USA

Step back in time 100 million years to a Jurassic period forest of ferns, palms and conifers, filled with nearly two dozen roaring robotic giants in the new "Dinosaurs! a prehistoric adventure," at Marine World Africa USA, open now through Oct. 31, 1993. The new attraction, which features 22 creatures created by Dinamation International of Irvine, Calif., has the largest number of dinosaurs ever presented in the U.S. The exhibit includes all the BIG names of the dinosaur world...Triceratops, Stegosaurus, Apatosaurus and much more. Tickets and Tours has great discount tickets available.

Roaring Camp and Big Trees

Give Dad a steam train for Father's Day at Roaring Camp and Big Trees Railroad in Felton. Treat

dad to Roaring Camp's famous delicious chuckwagon barbecue served beneath the sprawling shade trees Saturday and Sunday, June 19 and 20. All dads will be given a free ride on the historic RCBT railroad. In addition to the train ride, there will also be a Nostalgia Car Show. For more information call (408) 335-4400.

Walt Disney

The Walt Disney Special Events Company and Concert Productions International, a division of the BCL Group, proudly announce the presentation of Disney's Symphonic Fantasy at The Shoreline Amphitheater, June 24, 1993, featuring many classics from Disney film. Tickets will be available through the Amphitheater Box Office or through BASS Outlets beginning May 16. Free 10% discount cards are available at Tickets and Tours.

The Red Rover

This newspaper is named after the Navy's first commissioned hospital ship

Vol. 5 No. 8

Naval Hospital Oakland, California

July 2, 1993

Recycled blood saves dollars

By A. Marechal-Workman

When LCDR Paul S. Potter, MC, USNR became a staff anesthesiologist at Oak Knoll in 1991, he saved the command \$175,000 in 1992 and \$173,000 for the first six months of 1993. He was able to cut thousands of dollars from his department's budget by revising the autotransfusion system.

Potter was introduced to autotransfusion as a corpsman at Naval Hospital Portsmouth, where he used the Bentley Auto Transfuser. This marked the beginning of an era that revolutionized surgical blood transfusion/autotransfusion practices internationally.

"That was one of the original systems designed during the Vietnam era to salvage blood from wounds and recirculate it to the patients," he said, referring to the Bentley machine. "It

had some problems, but this is what I originally trained on."

That was 20 years ago. Since then, after getting out of the Navy in 1977, Potter started medical school on a health professional scholarship and worked with Dr. Malcolm Orr, the physician who "invented all these systems." Orr was the chairman of the Anesthesia Department at the University of Texas.

Prior to the Bentley, Potter explained, "during surgery, as patients bled, the blood was suctioned and simply thrown away. It could not be reused.

"This meant an awful lot of waste, so Dr. Orr, myself and a lot of other people devised a system whereby the blood could be salvaged and transfused back into patients, as needed." To describe the procedure briefly, Potter said, "we collect the surgical blood in a sterile container, wash out all the fat, bone chips and debris picked up in the vacuum line during the surgery, clean the red cells and reinfuse them back into the patients."

Using this method, the autotransfuser operator can give back up to 80 ccs from every 100 ccs of blood lost — a recovery of 80 percent.

According to LCDR Potter, use of the autotransfusion machine has more than budget-saving significance, however. In terms of disease transmission, the medical implications are far reaching, especially since hepatitis and AIDS came on the



HN Sandi Lloyd changes a saline bag on the Cell Saver III, the autotransfusion machine. (Official U.S. Navy photo by SN Wael Issa).

scene.

"If you look at the disease transmission from banked blood, there is one in 40 to one in 100,000 chances of contracting AIDS and one in 400 chances for hepatitis," Potter remarked. "...parasitic diseases

such as malaria and, now, the dreaded HIV." He added that the autotransfusion technique — the ability to pick up the surgical blood during a procedure, filtering it and putting it back into the patient — has been available nationally since

about 1975. "But it wasn't used in anything but major heart cases until the mid 80's, when HIV came on the stage and scared everybody. According to statistics from 1988, in the United States, 18 million units of blood were donated and transfused. Of that 1.8 million units were from autotransfused blood. This means that only about 10 percent of the blood was self-salvaged. It's projected that by the year 2000, the percentage should be raised to about 35 to 40 percent."

Dr. Potter has been doing his best in this regard since he came to Oak Knoll, first as a resident anesthesiologist in July 1988, then when he took over as director of the autotransfusion service in October 1991. He explained that, while he was a resident, the service was provided by a civilian contract group whom he felt was "sort of plus and minus in their abilities." When he became staff, he decided that he could do the job much more efficiently and at greatly reduced cost to the government. So, he "took over the service, organized it, purchased machines, trained the corpsmen and started running a technician service."

Potter was quick to point out that the salvage technique is being done throughout the world and that the significance of Oak Knoll's contribution is its prominence in the realm of

See Recycled, page 4

Closure Decision

On June 27th, 1993, the Base Realignment and Closure Commission voted to recommend the closure of Naval Hospital Oakland. Although this is sad news for our military and civilian employees as well as our patients at Oak Knoll, it must be remembered that the process is not complete.

The Commission will send its recommendations to the President on July 1st, and he will have fifteen days to accept or reject the list in its entirety.

Then, the list will be sent to Congress which will have 45 legislative days to finalize the process. The final decision has not been made. All personnel and patients should keep in mind that even if the final decision is to close, closure will not be immediate but will take years. A medical center with teaching programs is not one that can just shut its doors. Programs must be realigned, equipment must be transferred or excessed, and patient care must continue until the last Fleet units are gone.

As information becomes available and a plan for downsizing or closure materializes, Naval Hospital Oakland employees and patients will be kept informed.

Tobacco cessation program reaching the fleet

Story and photo by
JO2 Stephen Brown

For the past year and a half, the Tobacco Cessation Program at Naval Hospital Oakland has been assisting personnel who

want to quit tobacco usage.

The program, FreshStart Plus, is an American Cancer Society (ACS) course adapted specifically for the Navy community. The first class started with an enrollment of six ac-

tive-duty personnel and now averages 25 patients monthly with one goal — to help people develop skills to stop tobacco usage.

"The program is very successful," said Aggie Freeman, RN, patient educator at the hospital. "The reason we are succeeding is that there are a lot of people supporting the Tobacco Cessation Program at NHO. We have command support in changing policy through the Wellness Council, and also backing from many of the departments."

Freeman says that as the program nurtured, it became clear that the needs of our line Navy were not being best met by the hospital based program alone. "I used to get sailors from the USS Lincoln (CVN 72) in the program, but it is very

hard for sailors to come here. We recognized there was a need to have the program where they can access it.

"We asked the ACS and the Preventive Medicine Department Head LCDR Rich Burton,

See Tobacco, page 5



LT Mark Conrad, MSC, a healthcare administrator aboard the USS Lincoln (CVN 72) is congratulated by Aggie Freeman, RN, patient educator at NHO, for being the fleet's first certified facilitator trainer. Also pictured is RADM William Buckendorf, commanding officer of NHO and Gary Chow of the American Cancer Society.

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Oak Knoll Viewpoint

What is important about your job?

(Official U.S. Navy photo's by MM2 John Dziki)

CDR Gary Schick
Base Operations



The support that is provided to the patients and staff. This Directorate has a daily impact on the quality of life which affects everyone who lives or comes aboard this compound.



MM1(SW) John Stout
Duplication and Engraving

I run the hospital's printshop. If it wasn't for me and my 1090 Xerox copier a lot of people would have had a hard time during JCHO inspection, just ask CDR Griffin.

Wallace Patterson
Nutrition Services



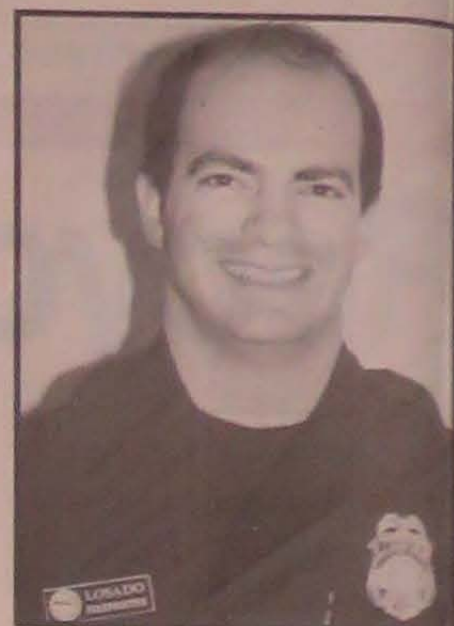
I insure that each patient is served the proper diet that the dietician prescribed. Some of our patient are very restricted in what they eat and it can hurt them to get the wrong food.



JO1 Kay Lorentz,
patient contact representative

I help our patients obtain the best possible medical care possible and let our staff know how much their care and effort is appreciated by passing on their letters of appreciation.

Anthony Losado
NHO Fire Department



I protect the lives and safety of everyone at Oak Knoll by being on the lookout for fire hazards and helping educate the hospital's staff.

Thrift Saving Plan open season

Open season for the Thrift Saving Plan started May 15 and will continue through July 31, 1993. During this period, federal employees can start or change their contributions to their TSP account. They can also change the way their future payroll contributions are invested in the three TSP funds:

the G Fund (government securities investment), the C Fund (common stock index investment) and the F Fund (fixed income index investment).

The TSP is a tax-free retirement saving plan for both FERS (Federal Employees' Retirement System) and CSRS

(Civil Service Retirement System) employees. No taxes are paid on the contributions or earnings until they are withdrawn from the account after leaving the federal service.

Employees who are covered by FERS can contribute up to 10 percent of their basic pay, each pay period, up to the IRS limit which was set at \$8,994 for 1993.

The first three percent contributed each pay period will be matched dollar for dollar with agency contributions to the employee's account. The next two percent contributed will be matched 50 cents on the dollar. Finally, the agency automatically contributes an amount equal to one percent of the employee's basic pay whether he/she contributes or not.

Employees covered by CSRS can contribute up to five percent of their basic pay, each pay period, up to the IRS limit. They do not receive any agency contributions.

Point of contact for more information at Naval Hospital Oakland is Irma Hawkins. She can be reached at (510) 633-6373.

New patient contact representative

HMCS Kevin Pearce was recently appointed the command's new patient contact representative.

The contact representative is appointed in writing as a special assistant to the commanding officer.

Pearce will serve as a liaison between patients and health care providers by ensuring an effective two-way channel of communication. He will forward complaints to the appropriate director.

The director will assign an action officer who investigates and ensures satisfaction for the patient.



HMCS Kevin Pearce

ATTENTION ALL HANDS!!!

Reporting requirements for Navy employee mishaps

By Bobby R. Neal

All civilian personnel who received an occupational (on duty) injury and all military personnel who received an occupational (on duty) or non-occupational (off duty) injury are required to report it immediately to their first-line supervisor. Civilian non-occupational mishaps are not reportable. The first line supervisor, or department head, is required to investigate and report all mishaps to the Safety Office within three working days after the mishaps, using the Mishap Report Form contained in the Standard Operating Procedures for Safety Representatives Manual, revised February 1993.

OPNAV 5100/9 Dispensary Permit shall be furnished by the supervisor to civilian employees who

need treatment. Civilian employees shall not be permitted to visit the Navy Medical Treatment Center (MTF) without having obtained the form.

The CA-1/CA-2 Forms for civilian personnel are Federal Employees Compensation Act (FECA) forms for reporting civilian injuries (CA-1) and illnesses (CA-2). Copies of these forms and associated documents must be forwarded to the Safety Office by the first-line supervisor. The original CA-1 or CA-2 form, along with the original dispensary permit and physician reports or findings, must be sent to the Federal Employee's Act administrator within 48 hours of the mishap.

The FECA administrator is Barbara Edwards, Human Resources Division, Building 794, Oakland Army Base. She can also be reached by calling (510) 466-2526.

Red Rover

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Layout/Design

JO2 Stephen R. Brown

Editorial staff

**LaRell Lee, MM2 John Dziki,
AA Kevin Cameron**

Naval Hospital Oakland outpatient Pharmacy hours change

Effective July 1, 1993, the Naval Hospital Oakland Outpatient Pharmacy will change its hours of operation. Routine outpatient (new and refill) prescription service will be available during the following hours:

Monday through Friday 8 a.m. - 9 p.m.
Saturday, Sunday and holidays 8 a.m. - 5 p.m.

Because only a few routine prescriptions are filled outside of these times, these slightly reduced hours of operation should be only a minor inconvenience to our outpatient beneficiaries. However, it will allow the Pharmacy Department to increase the pharmaceutical care available for the inpatients at our hospital. Your understanding is appreciated.

Don't forget you can telephone your prescription refill request 24 hour a day. Dial (510) 633-5996 and provide the information requested. Your prescription refill will be ready for pick up after 24 hours.

NHO Nurses of the Year

Senior

Job Description: I prepare lectures on topics in my area, Maternal Child Health, teaching and educating the department. A lot of people come into my office asking for my opinion and experience to help in situations involving either their job, their ward or their personal lives. I also work on the computer to prepare classes.

Marital Status: Married to Michael Connell.

Children: Vanessa (16), Daniel (14) and Justin (9).

When and why did you join the Navy? In February 1983. Previously, I was a sergeant in the Air Force, and got my degree in Nursing with the G. I. Bill after being discharged. I liked the military way of life, so I rejoined as an officer. However, I chose the Navy over the Air Force because my brother, who was a senior chief



LCDR Brenda K. Connell

in the Navy said it was a better service. (He is very proud to be in the Navy).

Past assignments: I started my naval career at Naval Air Station Jacksonville, Fla; then went to Groton, Conn. and finally here, at Naval Hospital Oakland. Each command was different in its own way, but the best memories are the people I've met and still keep in contact with. That's what makes

each place special.

Describe both your job and a typical day at work: Preparing lectures on topics in my area, maternal child health, to educate the department.

What is the most challenging part of your job? Learning how to operate a computer. Three months ago I was sure the computer was my enemy and deliberately erased all my work!

What is your immediate goal? To complete an orientation packet for newly arriving nurses; to make their transition easier in their jobs as nurses and in their new role as naval officers.

What is your long-term goal? To earn a master's degree in Education.

What is your most memorable experience in the Navy? Becoming Navy League Nurse of the Year. I consider this a great honor.

How do you feel you contribute to the mission of the hospital? Through education. I love to teach. It is rewarding when I can share the knowledge and experience I gained over the years and see a smile on a person's face as evidence of his/her understanding.

What is your work philosophy? Get the job accomplished, but have fun while you're doing it.

How do you feel about receiving the Senior Navy League Nurse of the year Award? I am proud to have been selected for this award. I was surprised to have been nominated and to actually be chosen.



LTJG Trisha Farrell

Job Description: Staff nurse in Labor and Delivery. I also work in the Antepartum Testing Unit.

Marital Status: Married to Michael Farrell.

Children: None.

What is the most challenging part of your job? Training new personnel to a high risk area.

What is your immediate goal? To do the best I can do as interim division officer on the Pediatrics Ward. I want to learn more about nursing care related to children.

What is your long-term goal? To earn a master's of science degree in Nursing with a specialty as an OB/GYN nurse practitioner.

When and why did you join the Navy? I joined through the Bachelor's Degree Completion Program for registered nurses in 1989, my senior year of nursing school. I joined the Navy Nurse Corps because I was impressed with the

Junior

professionalism of its nurses. I wanted the opportunity to explore different aspects of nursing and to travel.

What was your most memorable experience in the Navy? Working with the reservists during Desert Shield/Storm. I had the opportunity to work with nurses with various backgrounds from all over the country. We all came together in a stressful time and worked together to provide quality nursing care to the patients.

Describe both your job and a typical day at work: I am a staff nurse in Labor and Delivery, and work also in the Antepartum Testing Unit, where we monitor moms' fetuses in the antenatal period.

How do you feel you contribute to the mission of the hospital? I feel that I contribute to the mission by trying to do the best job that I can and by trying to maintain a positive attitude.

What is your work philosophy? I believe every person is doing the best that he/she can do at any given moment.

How do you feel about receiving the Junior Navy League Nurse of the year Award? I believe I was given this award because I was fortunate to work for some wonderful division officers and department heads. They encouraged me to try new things and truly be the best that I could be. Their encouragement and positive attitude helped me do the things that qualified me for this award.

HM1 Benjamin A. Vasquez

A true cell-mate

By AA Kevin Cameron

"It's really a great thrill, it's a light at the end of the tunnel," said Naval Hospital Oakland's Sailor of the Month, HM1 Benjamin A. Vasquez. He has done the impossible in the Pathology Department using his extensive background knowledge. When the 34-year-old Philippines native arrived at Naval Hospital Oakland in September 1991, after completion of



HM1 Benjamin A. Vasquez

Unlike most, however, his education included many discussions with the dean of the university, his mother. "She was very strict and helped me maintain my focus on my studies" he recalled.

While he was studying for his four-year degree, he was a sales representative for Upjohn in the Philippines. Understandably, the transition from school and working to bootcamp was a tremendous culture shock. Vasquez, however, realized the incredible opportunities that exist in the Navy and persevered. He will complete ten

years of service in September. Having one degree and working on a second, he hopes to increase his chance of promotion to chief petty officer. His dream is a commission as a warrant officer since Cyto is the only enlisted rate that requires a degree. However, for now it's only a thought.

When he does retire from the Navy, he hopes to be a supervisor at a civilian laboratory in the Cytotechnology field. He will continue to be supported by his wife, Rosanna, and his 7-year-old son, Christopher.

For now, HM1 Benjamin A. Vasquez will have to settle for being a part of the best Cytotechnology Section in the Navy, which for him is icing on the cake.

Navy League Chapter donates little red wagon to Pediatrics

Jenay Torres explores the Radio Flyer red wagon donated to the Pediatric Department by the Navy League, Lake Merritt Chapter on June 16th. The wagon was requested by Pediatrics to transport children to various departments. (Official U.S. Navy photos by AA Kevin Cameron)



Recycled blood...from page 1

platelet and plasma salvage. "We've revolutionized that," he said. "Prior to [our intervention], the salvage was undertaken as a reaction to major blood loss. What we've done is take the process one step further. We come into the Operating Room prior to the start of the surgical procedure, hook up our machines, tap into the patient, remove the blood and separate it into the blood components that are normally obtained from blood banks — platelets, red cells, serum and fresh plasma. We store those during the surgery and, as they're needed, we return those blood components to the patient."

"This means that, not only have we cut down the amount of red cells needed because of the bleeding, but now we no longer need platelets or plasma from the blood bank, thus cutting down the risk of disease transmission considerably."

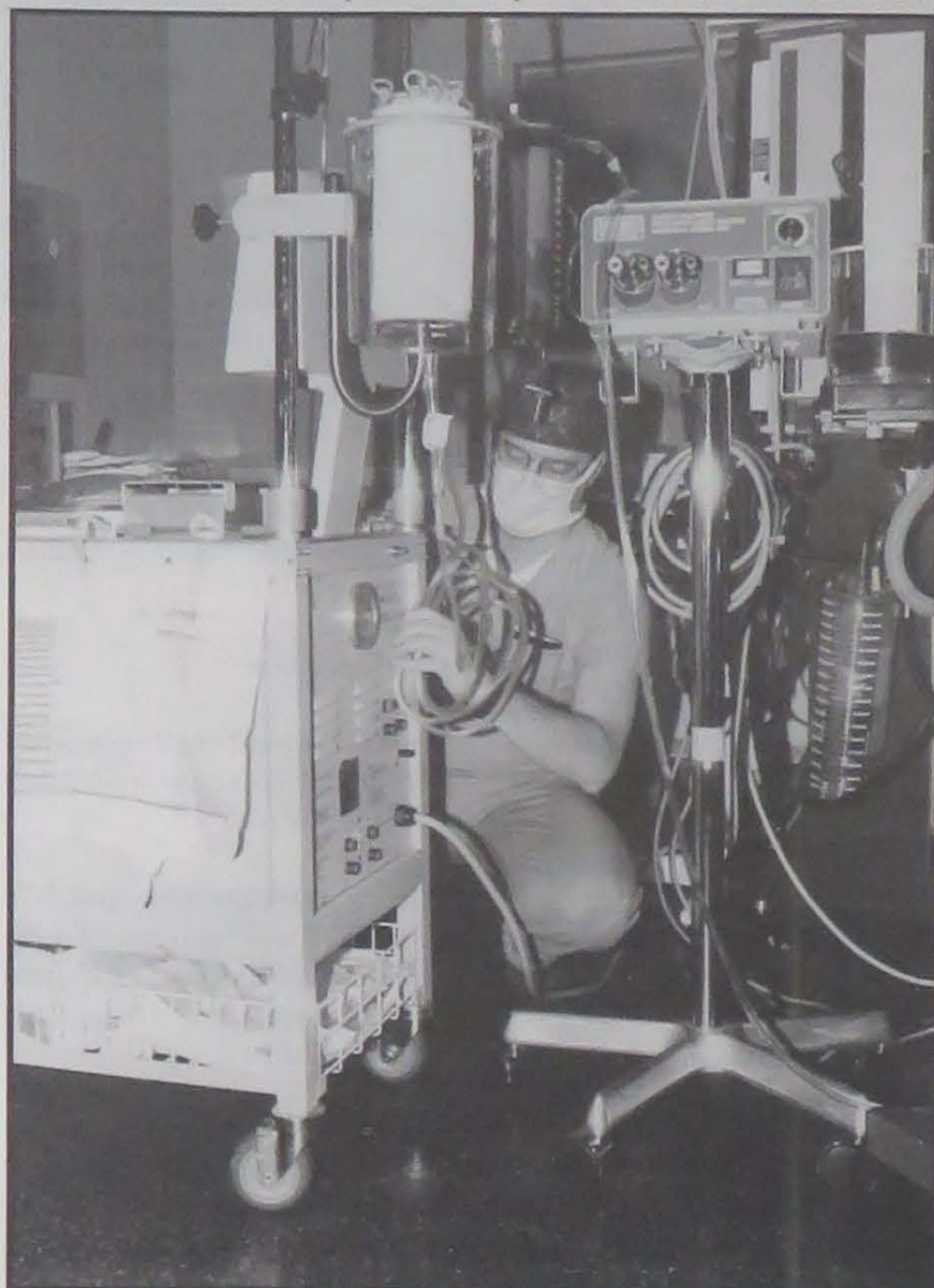
All of this means that, with the dedication of the technicians who are trained on a "strictly voluntary basis," Naval Hospital Oakland's Anesthesiology Department has become a leading authority in autotransfusion. Potter said that, routinely, he gets requests for information on how they run their service from other military and civilian hospitals.

The service has gained such reputation, in fact, that Potter just left for Guanzhan (formerly Canton), in mainland China, to speak on autotransfusion during a symposium entitled "Current Practices in Anesthesia." This 10-day symposium was organized by Dr. Ray Tom, a San Francisco Navy reservist who runs an organization called

"Help and Hands." Tom is chairman of the Anesthesiology Department at St. Francis Hospital in San Francisco.

The Oak Knoll autotransfusion expert made it clear that, in his opinion,

limited, he explained, given the cost-savings and improved patient care his department has documented during the past year and a half. "Unless we have military personnel trained in the operation of these machines,"



LCDR Paul Potter hooks up the suction on the Cell Saver III. (Official U.S. Navy photo by SN Wael Issa).

dissimination of information on this new technology is very important, and he has some ideas on how to do just that. First, he said that he would like to help establish a military school in autotransfusion. The implications of such a project are un-

he said, "if we go to war, the civilians are not going to go with us, and we will lose this technology in the field."

"These machines are easily operated...we can put them in field hospitals, salvage the blood, thereby greatly reducing

And the band plays on

By A. Marechal-Workman

Dr. Potter's creative energy didn't stop with autotransfusion. Right now, he and his colleagues are developing a promising fibrin sealant closure agent called plasma gel. "This is not to be confused with fiber glue from the blood bank," he clarified. "Fiber glue is an FDA-registered trademark. But our plasma gel offers the ability to create watertight closures. This is very important to

almost any surgical interventions that are made today because this gel helps to greatly decrease risk of infection, chronic drainage cysts, etc. It is important in major neuro-surgery or lumbar laminectomy for dural closure (the covering around the spinal cord or around the brain); it is important to ENT surgery, to vascular surgery to seal the leaking blood vessels. It is also important in Urology; for example when we dissect half a kidney.

the amount of blood that would need to be transported to a war theater.

"Blood platelets are only good for five days," he continued. "If the American Red Cross were to draw a unit of blood from a donor today, separate the platelets out of that blood, it would not be possible to get those platelets to a battlefield in five days. But, with the technique developed at Naval Hospital Oakland, we can salvage plasma, we can salvage red cells right in the battlefield situation."

Secondly, Potter was passionate in expressing his conviction that there are no limits to the benefits that can be derived from disseminating the Oak Knoll-developed autotransfusion technology to as many medical institutions as possible. It is very well known in the Bay Area medical community where our Oak Knoll-trained autotransfusion technicians are sought after when they leave the Navy. "They filter out in the community," he said. "In fact, the University of California San Francisco not

only requires use of state-of-the-art autotransfusion technology, it demands Oak Knoll-trained technicians in their services."

The patient population needs to learn about this revolutionary technique too, Potter concluded, stating that, in accordance with the mandate of the Paul Gann Blood Safety Act, prior to surgery, patients are informed of risks involved and given alternatives to blood transfusion and hemotherapy. The Act became law in the State of California on Jan. 1, 1990. "Autotransfusion is one of the options given to surgery patients," he stressed. "Yet the vast majority of the civilian lay population knows nothing about this technology. I think it needs to be widely publicized so that everyone recognizes its value as an option."

At a time when interest in health care reform is intense throughout the nation, the public is ready for good news. Naval Hospital Oakland's pioneering work in autotransfusion is good news, and now is the time to share the knowledge with everyone.

USNS MERCY (T-AH-19)

Personnel from the hospital ship were honored with a number of prestigious awards at recent ceremonies.



HM3 Amanda Massey receives a plaque from a member of Oakland Navy League commemorating her selection as USNS Mercy's (T-AH 19) Sailor of the Quarter for the first quarter of 1993.

LT M. A. Anaya, MSC, USN, receives the Surface Warfare Medical Department designation he was awarded recently by CAPT B. F. Ballard and CDR C.R. Cline, MSC, USN. Ballard is master of the USNS Mercy (T-AH-19); Cline is officer in charge of its Medical Treatment Facility. The award was based on rigorous qualification requirements and his performance

as the Mercy's medical logistics officer from August 1991 through March 1993.



(Official U.S. Navy photos by HM1 R. Rodriguez, MTF, USNS Mercy)

Hospital Corps celebrates its 95th birthday

On June 17, 1993, the Hospital Corps celebrated 95 years of dedicated, compassionate service with the traditional cake cutting ceremony.

On June 18, the anniversary was also marked with the Hospital Corps Ball, with guest speaker, CAPT Jessie Vasquez, MSC, USN, highlighting the festivities. Vasquez is Naval Hospital Oakland's commanding officer. According to HMI Melissa McGahee, Corps ball chairperson, Vasquez was selected because he's an inspiration. "He's a Mustang," she said. "He started from the ground and worked his way up to captain."

Officially designated as a unit of the Medical Department by an Act of Congress on June 17, 1898, the Hospital Corps is actually much older — harking back to 1778, when the first corpsmen (then called "loblolly boys") were recruited for the crew of the revolutionary war frigate *Constellation*.

The corpsmen have faced



HR Sonya Jordan, Nursing Services and HMCM Gary Chapman, Executive Assistant for the Chief of Medical Staff, represent the command's most junior and senior personnel by cutting the ceremonial cake celebrating the Hospital Corps 95th birthday while hospital personnel look on. (Official U.S. Navy photo by LaRell Lee)

many challenges since then, including the War of 1812, the Civil and Spanish-American Wars and the 1900 China uprising, during which the first medal of honor went to a corpsman — Hospital Apprentice Robert Stanley.

Ninety-three years later, after two World Wars, the Korean conflict, Vietnam and Operation Desert Storm, each

generation has continued to meet the particular challenges of its time. The Hospital Corps lives on and, borrowing from an editorial published in the June 15, 1971 issue of *The Oak Leaf*, today, we too can say, "Yes Doc, [95] years have brought you a long way, and you can be proud of every step." (AMW)

American Red Cross

Naval Hospital Oakland is conducting its summer youth program for young people 14 to 18. Volunteer opportunities are available throughout the command. Point of contact for more information is Richard Bartlett, who can be reached at (510) 633-5880. Bartlett is the acting station manager for the NHO's American Red Cross.



Smokers who quit at an advanced age still benefit

MA Chicago (NSMN) — It's never too late to reap the benefits of quitting smoking, according to a study published last week's *Journal of the American Medical Association*. A study by Millicent W. Higgins, Md, of the National Heart, Lung and Blood Institute, Bethesda, Md, and colleagues, shows that smokers who quit, even after the age of 60, have better pulmonary function than continuing smokers.

The researchers compared pulmonary function in elderly smokers, former smokers and those who never smoked among 1,126 men and 1,646 healthy people 65 years and older. The subjects live in Forsyth County, N.C.; Pittsburgh, Pa; Sacramento County, Calif; and Washington County, Md.

Among the study participants, the prevalence of current cigarette smoking was low, and ranged from 10 percent

in white men to 19 percent in black men, and from 13 percent in white women to 17 percent in black women. In all groups, the prevalence of current smoking declined with increasing age. More than half of the men were former smokers and one-quarter to one-third of the women had smoked in the past.

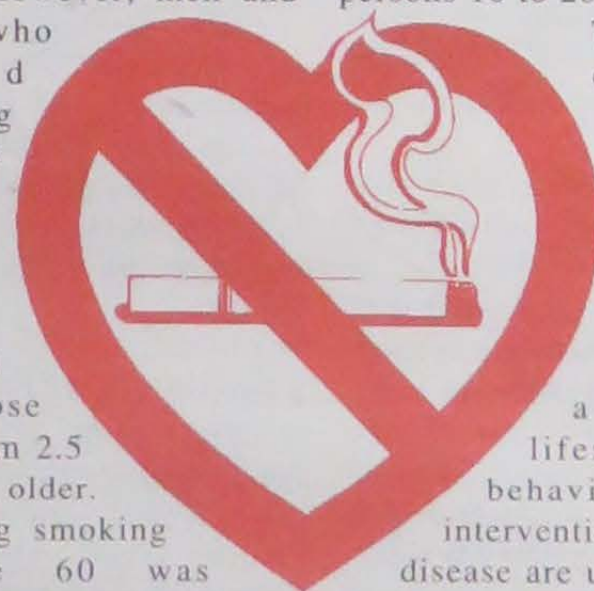
The study found: "Among all men and women, as well as among healthy men and women, quitting smoking before age 40

was not associated with any loss of FEV (Forced Expiratory Volume). However, men and women who stopped smoking between ages 40 and 60 had FEV levels equivalent to those of persons from 2.5 to 7.5 years older.

"Quitting smoking after age 60 was associated with an FEV level comparable to that of persons 5.5 to 15 years older and to current smokers' FEV levels

were reduced even further to levels equivalent to those of persons 10 to 20 years older."

The authors conclude: "Notions that elderly survivors are resistant to the health effects of adverse lifestyles and behaviors and that interventions to prevent disease are unnecessary or ineffective should be abandoned. Vigorous efforts should be made to persuade elderly smokers to quit."



Tobacco cessation...from page 1

from NHO, to assist us with a program available to line sailors taught by their peers who are tobacco free. The result is taking the hospital's class and putting it on board the *Lincoln*," Freeman said.

"The first step was to find people from the *Lincoln* who were willing to go through a 16-hour indoctrination course to become peer facilitators," said Freeman. "People who are not hospital corpsmen, but people willing to take the time to help their shipmates break away from tobacco. We now have more than 35 peer facilitators on the *Lincoln*."

A survey, "Fit to Win," taken aboard the *Lincoln* showed that 45 percent of the personnel used tobacco. The *Lincoln* realizing that they are

going out to sea for six months, requested a trainer, someone to teach personnel to become peer facilitators.

LT Mark Conrad, MSC, a healthcare administrator aboard the *Lincoln*, was selected to become certified as a Navy American Cancer Society Tobacco Cessation Program Facilitator Trainer aboard a ship. "To my knowledge he is the first certified facilitator trainer ever to serve aboard a ship," said Freeman.

Conrad is now certified to conduct on board 16-hour training and monitor the quality of the FreshStart Plus ACS program that *Lincoln* is currently doing.

Conrad will be directing his expertise in assisting the *Lincoln* sailors in their efforts to quit tobacco. "Lincoln has an

aggressive program aimed at becoming a tobacco free ship by September 1994," Conrad said.

Also, Conrad says that he hopes to train and certify facilitators on the other ships assigned to the *Lincoln's* battle group.

"Now the hospital is serving as technical support to the *Lincoln* only. It is a line program supported by medical," said Freeman.

"The tobacco cessation program has been the most challenging professional and personally gratifying of any program I have been associated with in my nursing career," Freeman said. "The support the program has received from the people at NHO and from the ACS has been nothing but stellar."

Patient Appointment System

To schedule and cancel all clinic appointments, call (510) 633-6000, Monday through Friday, from 8 a.m. to 4:30 p.m. No more busy signals!!!! Speak directly with an appointment clerk.

Women's Health Update '93

Story and photos
by LaRell Lee

On Saturday, June 12, Naval Hospital Oakland along

with Navy Marine Corps Relief Society (NMCRS), Branch Medical Clinic and Family Service Center, NAS Alameda and NAYCARE Oakland presented the Women's Health Update '93 conference.

"Women came together and took the first step in doing something for themselves," said Susan Karr of Family Service Center (FSC), Naval Air Station Alameda. "It was a success," she added.

One of the presenters was Dr. Jack Navins, OB/GYN, NAVHOSP Oakland. He led the workshop titled "The Choice is Mine: Reproductive Update".

The keynote speaker, Pam Moore, newsanchor/reporter for KRON-TV Channel 4, said, "We (women) are always taking care of spouses and others and don't take time to care for ourselves." She also said that women should get together often in situations like the conference to talk about health issues.

Although the 53 people who attended on Saturday were considered a good turnout, Carol Reiss of NAYCARE, said



LT Pamela Trehan, NHO, actively participates in the discussion of women's health by asking a question.

she would've liked to see 100 people. "Everything is free! It's offered to help you!" she said. She encourages women to attend the next conference in October. The actual date has not been

determined.

If anyone has suggestions on possible topics for the next women's conference call Carol Reiss (NAYCARE) at (510) 632-7521.



LT Pamela Trehan NHO, listens as Pam Moore, broadcaster KRON - Channel 4 / keynote speaker talks with guests.

Skin cancer is the most common of all cancers

NNMC Bethesda (NSMN) — The skin is the largest organ in the human body, and skin cancer is the most common cancer overall. Predictions indicate that more than 700,000 cases of skin cancer will be reported this year.

"There are three types of skin cancer," said CDR Mark

W. Cobb, MC, a dermatologist at the National Naval Medical Center in Bethesda. "The most common is basal cell carcinoma, of which about 600,000 cases will be reported. Approximately 100,000 cases of squamous cell carcinoma will be reported, and around 35,000 cases of malignant melanoma, the most

If you think you may have skin cancer, see a physician.

"The warning sign of melanoma is a change in a mole that a person has had for a long time or a new mole that looks irregular.

"There is an ABCD method of watching moles for changes:

*A — Asymmetry, the mole is not symmetrical.

*B — Border irregularity, a rough or notched border; not smooth.

*C — Color irregularity, more than one or two shades of brown in the mole. Other colors to watch for are reds, white, and blues, or very dark brown.

*D — Diameter; anything over six millimeters, which is roughly the size of a pencil eraser."

deadly and rarest type of skin cancer, will be diagnosed."

If you think you may have skin cancer, see a physician. There are certain recognizable symptoms that a person needs to be aware of. "Basal cell carcinoma starts out as a small skin-colored or pink papule — a bump," said Cobb. "It will often have small blood vessels

in it and have a shiny appearance. Later it will develop into a sore that doesn't heal. This is a definite warning sign that something is wrong." Squamous cell carcinoma is much like basal cell except that the lesion is a bit more rough and scaly in appearance and also develops into a sore that won't heal.

There is still time to win

There is still time for you to submit the winning entry in the Federal Voting Assistance Program's (FVAP) Voting Slogan Contest.

If selected as the winner, your entry will be used on posters, voting manuals, publications and other promotional media materials. The contest ends 16 July and entries received after that time will not be accepted.

Over 3,000 entries have been received thus far and the winning slogan will be chosen for its originality and

motivational value. The panel of judges includes U.S. Senator Wendell H. Ford (D-Ky), chairman of the Senate Committee on Rules and Administration; representative Al Swift (D-2nd-Wash.) of the house subcommittee on elections; Ms. Susan Lederman, president of the League of Women Voters; and Ms. Ruth Wooden, president of the Advertising Council. All judges were chosen by FVAP director Ms. Phyllis Taylor.

"I am very excited about the level of enthusiasm this

contest generates. We've always had tremendous interest in this event and this year is no different," stated Ms. Taylor, commenting on the large number of entries that pour into the program's office daily.

Entries should be submitted on a regular 8 1/2 x 11 sheet of paper to: the federal voting assistance program, office of the secretary of defense, room 1B457, The Pentagon, Washington, DC 20301-1155. Please include your full name, mailing address and your day/evening telephone number.

HIV and You!

By LCDR Catherine Wilson, NC, USN

BUMED WASHINGTON (NSMN) — This week our series on the human immunodeficiency virus (HIV) consists of a true/false quiz to assist you in evaluating your recall of the information presented thus far. The answers are provided at the end of the quiz.

Q1. Being infected with HIV and being diagnosed with AIDS are the same thing.

Q2. Body fluids shown to transmit HIV are blood, semen, vaginal secretions and breast milk.

Q3. Participation in risk behaviors, not identification with particular groups, puts an individual at risk of acquiring HIV infection.

Q4. Unprotected receptive anal intercourse is the sexual activity with the greatest risk of HIV transmission.

Q5. Women who are HIV-infected always transmit the virus to

their fetus during pregnancy or delivery.

Q6. A person infected with HIV can transmit the virus from time of infection through the rest of his/her life.

Q7. The average length of time from infection with HIV to an AIDS diagnosis is approximately two years.

Q8. Women constitute the fastest-growing segment of the population with HIV infection.

Q9. Latex condoms eliminate the risk of HIV infection.

Q10. Non-oxynol 9 is the spermicide that has been shown to kill HIV.

Answers: Q1: F; Q2: T; Q3: T; Q4: T; Q5: F; Q6: T; Q7: F; Q8: T; Q9: F; Q10: T.

For more information, or to become a Navy HIV instructor, contact the Navy HIV program at DSN 295 or (301) 295-0048.

(LCDR Wilson is the surgeon general's representative for HIV education policy)

Chapalin Corner

How Big Is Your God?

By CDR C. Alex Barron, Jr.
CHC, USNR-R

Children often ask the best questions about God. One case is recorded as follows: Callum (age 4): "Is God everywhere?" Mother: "Yes, dear." Callum: "Is he in my mug?" Mother, growing uneasy: "Er—yes." Callum, clapping his hand over his mug: "Got him!"

We are all like Callum in that we want God where we can proclaim: "Got him!" We want a God small enough to measure up to our dreams or imagination. We want a God who will do what we want and when we want it. He has to be practical and efficient and, above all else, cost effective. Instead of us being created in the image of God, we want to reduce him to our image of ourselves.

Our God should be large enough to change us, large enough to ask us to forgive our enemies. He should be large enough to ask us to love our neighbors as ourselves; strong enough to encourage us to care for those who cannot care for themselves. Our God is big enough to love us as we are, yet always asking us to grow towards him in wisdom and understanding.

Religious Services

Catholic Mass	Mon-Fri Sunday	Noon 8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

Nutrition News

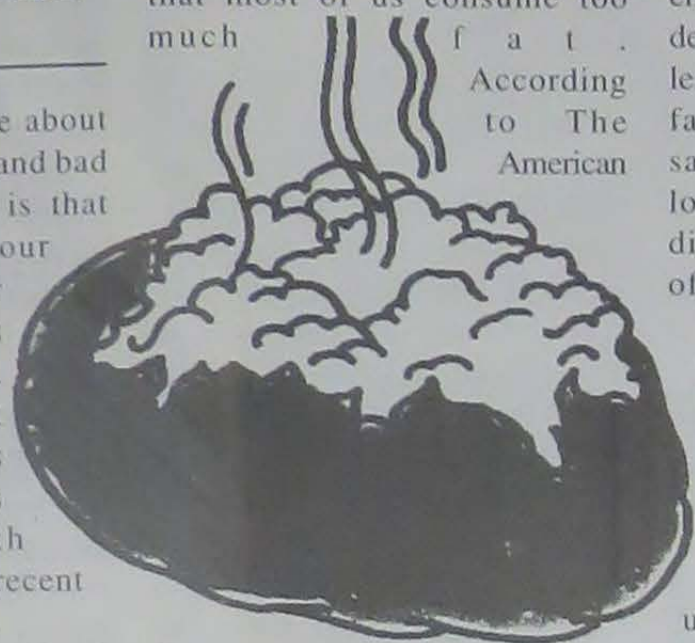
The good and the bad about fat

By LTJG Barbara Ragan, MSC, USN

Like everything else about diet, there is good news and bad news. The good news is that fats are required by our body. Some fats, or lipids, carry vitamins such as A, D, E and K. Fats are also important for infants and adults with high energy needs such as patients with major burns, cancer and recent surgeries.

On an average, 40-45 percent of our caloric intake

comes from fat. The bad news is that most of us consume too much



According to The American

Cancer Society, people are encouraged to decrease their fat-derived calories to 30 percent, or less. The benefits of this lower fat intake, these organizations say, are weight reduction and a lower risk of cancer and heart disease. The following tips are offered to reduce fat intake:

- * Read labels. To remain under the recommended 30 percent fat-derived caloric intake, for every 100 calories there should be no more than three grams of fat.
- * Eat more fresh, unprocessed foods.
- * Use lowfat or nonfat products.

Homemade lowfat sourcream

The following recipe for homemade lowfat sour cream is an example of how a reduced fat consumption can be achieved without compromising taste:

1-1/2 cup 1% or nonfat cottage cheese.

1 to 2 tsp fresh lemon juice.

1 to 2 tbsp skim milk (optional)

Blend the ingredients in a food processor until they are thick and completely smooth.

Refrigerate in an airtight container until ready to use. Yields 1-1/2 cups.

Added ingredients to this basic recipe can include:

*Chives and onions to top a baked potato.

*Dijon mustard and lemon juice to flavor hot steamed vegetables.

*Extra skim milk, lemon pepper and garlic powder to serve over a green salad.

Origination fee waived for Cal-Vet home loan

SACRAMENTO, Calif. — The cost of living goes up, but the cost of a Cal-Vet home loan just went down.

Benjamin T. Hacker, director of the California Department of Veterans Affairs (CDVA), announced recently that Cal-Vet will now waive the \$430 loan origination fee for veterans purchasing residential property through the Cal-Vet program.

"This feature hopefully will encourage veteran participation in the best buyers' market we've seen in years," said the retired Navy admiral. "If early results are indicative of our future success, the American dream of owning a home will become a reality for more veterans in California than ever before."

"With more than \$700 million in loan funds available and an increase in the term of the loan from 25 to 30 years, Cal-Vet provides even greater help to qualifying veterans," said John Pride, chief of CDVA's Farm and Home Purchase Division.

On the financial side, other benefits include:

- * No points for buyer or seller.
- * High maximum loan limit (up to \$242,100 in some areas).
- * Low interest rate.
- * Low cost, high quality insurance programs.

* Disaster Indemnity Fund for earthquake and flood coverage.

* Quick processing.

On the service side,

* Veterans may apply for a loan regardless of place of birth or residence at time of entry or reentry into active military duty.

* Veterans deal with one office for loan processing and contract servicing, so the entire process runs more smoothly.

* Veterans who are first-time home buyers may qualify regardless of time of release from active duty. Others must still apply within 30 years from the date of release from active duty.

Loans up to 95 percent of appraised value, not exceeding the maximum loan limits, may be granted. If the home appraises for 105 percent of the price, a 100 percent loan may be granted.

According to Pride, there's even a "special rehabilitation loan" designed to allow qualifying veterans to purchase a home that needs repairs or alterations at the same low interest rate available for the basic Cal-Vet home loan.

Pre qualification takes as little as 15 minutes. Cal-Vet can close a loan in approximately 35 days. Veterans or realtors may telephone 1-800-952-LOAN for further information.

Navy Family Service Centers offer a variety of classes

Treasure Island

Marketing yourself for a second career

Colonel Doug Carter, USAF (Ret), of the Retired Officers Association (TROA), will provide a free professional lecture for officers, senior NCO's and pre-retirees who are considering retirement or transitioning to the civilian market. It will be held on July 19, 1993, 9 - 11:30 a.m. at the Basilone Theater on Treasure Island.

Retirement from active service comes some day for everyone. Whether you are thinking about "life after active duty" or not, I'm sure you will be interested in this dynamic presentation. Learn about the importance of remaining in the military until retirement, comparison of military versus civilian benefits, pitfalls of becoming a civilian, the hidden job market, marketing your military skills, preparing a competitive and marketable resume, effective interviewing, executive search firms and many other helpful hints and guidelines. Spouses are also encouraged to attend. Pre-registration is required. For more information or to reserve a space, call the Family Service Center (FSC), Bldg. 257, at (415) 395-5176/89.

Workshops at Alameda

Car buying

Stop! Look! Listen! Before buying that CAR... "Car Buying Strategies" is a class you won't want to miss if you are considering buying a new or used car in the near future. Acquire the knowledge necessary to make an informed car-buying decision. Call early to register. Thursday, July 15, 6:30 - 8:30 p.m.

Child Safety and Emergency Care

This informative presentation will feature Aggie Freeman from Naval Hospital Oakland who will provide valuable information on child proofing your home, preventing accidents, basic first aid information and other prevention tips followed by a discussion. Child care costs will be reimbursed for those registering in advance by N.M.C.R.S. Call the F.S.C. at 263-3146. Refreshments provided by the Carl Vinson Officers' Wives' Club. Join the Wellness Committee on Tuesday, July 20, at 6:30 p.m.

City safari to Oakland Zoo

City Safari will be going to the Oakland Zoo on July 20. We will be using public transportation, leaving the FSC at 9:30 a.m. and returning at approximately 2:30 p.m. The cost is as follows: Children under 2 years-free, 2 - 5

years \$2, 5 - 14 years, \$4.50, adults \$9.50. If there are more than 12 people signed up the cost will be lower. You may bring a picnic lunch or buy food at the park. Tuesday, July 20, 9:30 a.m. - 2:30 p.m.

Clutter free living

Has managing work, family and play become overwhelming? Could you use survival techniques for day-to-day living? Learn some creative ways you can make your life hassle-free. The workshop will focus on editing your lifestyle, space and time. Specific ideas and techniques to make your life easier will be introduced in the workshop. Thursday, July 22, 6:30 - 8:30 p.m.

Growing pains

This informative seminar will feature knowledgeable and entertaining speaker, Cindy May, director of the Child Development Center, who will talk about child development, ages 1 to 5 years. This rare opportunity to hear Cindy's presentation should not to be missed. Child care costs will be reimbursed by N.M.C.R.S. for those registering in advance. Refreshments will be provided by the Carl Vinson Officer's Wives' Club. Call (510) 263-3146 and let us know you are coming. Tuesday, July 13, 6:30 - 8:30 p.m.

How to interview successfully I & II

This is a new two-part workshop using video analysis to help participants prepare for the interview process. There will be an emphasis on verbal and non-verbal

communication, preparation for the interview, appropriate attire and how to answer difficult questions. Learn how to make that first impression count and how to interview with confidence. These workshops are being held on Thursday evenings, July 22 & 29, 6:30 - 8:30 p.m. in Building 78, second deck. Call (510) 263-3129 to register.

Resume writing I & II

This two-part workshop presents the basic components of an effective resume so that you may choose the format that emphasizes your special skills and interests. The second session will be a review of the individual resumes and information on how to write a cover letter. These classes will be offered on Thursday evenings July 1 & 8, at 6:30 p.m. There will be a one-day resume workshop given on Saturday, July 31 from 10 a.m. - 3:00 p.m. in Building 78, second deck. Call (510) 263-3129.

How to fill out Standard Form 171

This workshop will cover important information on filling out the standard form 171 (SF-171) for government employment and will include how and where to apply for federal service. This workshop is being held on Thursday evening July 15, 6:30 p.m. in building 78, second deck. Call (510) 263 3129.

Starting point

A comprehensive orientation program as well as a brief individual consultation for those seeking information on employment and career choices. It is offered every

Monday from 10:00 a.m. - noon. Get basic information on how to plug into the job market on a full or part-time basis, opportunities from school, training or volunteering. Individual assistance is also available by appointment. The program is held in Building 78, second deck, Monday, July 12 - August 30, 10:00 a.m. - noon. Call (510) 263-3129 to register.

Stress management

Is stress your enemy? Is life getting to you on the job or at home? Fatigue, anxiety, anger and depression are common feelings when we are stressed. This workshop will help you learn to identify and deal with the stressors in your life. Wednesdays, July 14, 9:00 a.m. - 4:00 p.m.

Women and stress

If any of these symptoms are recurring, you're probably suffering from stress:

1. You overreact to people around you when things go wrong.
2. You blame yourself for things you have no control over.
3. You feel like running away from it all.
4. You get easily upset by criticism.
5. You can't concentrate for more than a few minutes at a time.
6. You feel like you're on the edge of a "nervous breakdown."

Come to the Women and Stress series to learn what you can do about it. The best gift you can give yourself and your family is a more relaxed you! Bring a bag lunch. Wednesday, July 21, 12:00 p.m. - 4:00 p.m.

Plus and Minus



by mike meines

Carole and I have reached a critical stage in our relationship.

For about five years now, I have said that we will go to visit her family real soon. Now, it isn't her family that I am worried about (although there is always that apprehension when meeting "the family") its her hometown. You see, my significant other comes from the

midwest. Not just the midwest - South Dakota. Before I offend everyone from the midwest, let me explain the problem the best I can.

I'm sure that someone who is raised in that area of the country has the same difficult time adjusting to the Left Coast and our lifestyles...let alone our climate or weather patterns. I have a well-placed flag officer friend from Nebraska who once told me that the only thing between the Arctic Circle and Nebraska is a snow fence somewhere in South Dakota.

I am a native Californian, raised in Washington State who did not venture past Idaho or Nevada for fear that the world ended out there somewhere. When I finally did make the trip, I found out that for the most part, I was right.

The military, in an effort to keep me close to home, assigned me to Massachusetts. I'll never forget cruising along the northern portion of our country and then swinging down through Chicago when I came upon a

toll booth.

"Hey, man, where is the bridge?"

"No bridge."

"So what's with the toll?"

"To pay for the road."

"You mean, I have to pay to drive on these roads?"

"Yep, if you are going all the way to the Indiana border, it'll be \$45."

"Exsqueeze me? \$45? For that kind of money, I expect to have Scotty beam me to Indiana."

It got worse the further I drove, but that's another story.

Later on in my career, the military sent me to St. Louis, Missouri. Now, I had stopped at the airport before but I had never left the building prior to my assignment. It's not the people of St. Louis that were the problem. I remember one evening, while I was attempting to fall asleep, the announcer on the radio said, "Well, it's midnight and it's 98 degrees."

I also discovered that if you go up in the Gateway Arch on a clear day, you can see Chicago.

It is so flat that on a really clear day you can see the very toll booth...

Anyway, Carole's invitation to her school reunion came in the mail. Notice I didn't say high school or college. In the small town of Roscoe, South Dakota, they all go to the same school - from 1st grade through graduate school. Mrs. Schnable is the teacher and she also owns the restaurant.

Carole has told me wonderful things about Roscoe. For instance, if she orders flowers for her mother, she calls the hardware store. If you would like to rent a movie, you naturally go down to the service station. You can get your laundry done at the hotel and on Tuesdays you can go to the Tupperware party at the saloon. City Hall is very versatile. After the business of the day is conducted, baskets can be cranked down from the ceiling for the basketball game and after the game it can be converted into a theatre to show movies or John Deere Infomercials.

Carole has informed me that Roscoe is actually world famous. The Guinness Book of world records lists the Roscoe library as the smallest working library in the world. She has promised that my personal tour will include a stop at this historic site. With my luck though, the book will be checked out.

South Dakota in the summertime. Should be a lot of fun and probably will provide me with an abundance of material for this column if I should have a job when I get back..."Later, Baby!"

PERSONALS:

Kris: Cheer up.

LCDR Ed Lane: Hey, you out there somewhere?

LT Franze's surgery team: Yipes. Great Job!

Paula Barber: What's the deal? You dropping me too?

LCDR Spratt: You will be missed. You're the best!

Mom: Lighten up, we visit you all the time. Salinas is on the way to South Dakota.

Tennis Finals

Naval Hospital Oakland took top honors in the Open, Jr. Veteran's, Team and Women's Divisions. Second place team from the USS Kiska also took second in the Open Division with a strong showing from MM2 Robert Santos.

(Official US Navy photos by AA Kevin Cameron)



HM3 Gerald Russel with one of many outstanding volleys from the baseline. Russel walked away with the open division finals match; 6-0 / 6-2.



MM2 Rick Veluz from Naval Hospital Oakland shows his winning serve in the June 18th, Jr. Veteran Division Championship match. Veluz went on to defeat HM3 Eduardo Bayya also from NHO by a score of 7-5 / 6-3.

Intramural Softball standings as of June 28, 1993.

Team	Won	Loss	Percent
Infectious Waste	14	0	1.000
Psych-Clones	11	2	.846
Lab 'Rats'	12	3	.800
Meat Cutters	10	3	.769
Resp. Therapy	10	4	.714
Dancing Bears	9	5	.643
Nitro Drips	8	6	.571
Outlaws	7	7	.500
Physical Terr.	7	7	.500
Stew Burners	6	9	.400
Red Devils	5	8	.385
S. Decke	5	9	.357
BB's	3	11	.214
Surgi Lubes	3	11	.214
Economy Asses.	1	13	.071
Patient Admin.	1	14	.067

The Red Rover

This newspaper is named in honor of the Navy's first commissioned hospital ship

Vol. 5 No. 9

Naval Hospital Oakland, California

July 23, 1993

The wisdom of counting our days

By Captain Herman Kibble, CHC, USN

My pastoral care team, who works closely with me day after day, can verify that during the past year I have been counting down the days to my retirement from the Navy. This is not because I am anxious to return to civilian life, but rather because I want to be fully prepared, as far as possible, for everything life brings and I have a keen sense of my own history.

Allow me to share some of my personal history with you. I was born on July 16, 1931 in Houston, Texas, the second of four sons and two daughters born to Thelma and Harvey Kibble, an ordained Seventh Day Adventist minister.

My life came within inches of being ended early by a bullet from a gun in the hands of a four-year-

old playmate on July 5, 1936. My mother and father believed that my life was spared for a good reason and they kept me aware of this belief. The bullet left a path from the entrance point in my stomach, making nine holes in my intestines, exiting above my left hip. The danger of peritonitis was very real 57 years ago before the development of antibiotics.

Shortly after my father baptized me, about the age of 12, he involved my brothers and me in his church work while we were growing up. He entered us in oratorical contests prior to college, even tasking me to preach the worship sermon to his 600-member congregation one Sabbath day when he was out of town.

All four sons have followed in our father's professional footprints. We all are ministers. After pastoring Adventist churches in Southern California for 17 1/2 years, I am now completing 23 1/2 years as a Navy chaplain, making a total of 41 years of combined military and civilian ministry for God, country and church.

There is, however, an ultimate retirement of which Navy retirement is a reminder, the retirement from this life to the life to come. Like many job applications and appointments, appointments into the life hereafter is determined by who we know - not what we know.

The Christian ambassador, Paul, wrote:

"It is by God's grace that you have been saved through faith. It is



CAPT Herman Kibble at his best. (Official U.S. Navy photo by A. Marechal-Workman)

not the result of your own efforts, but God's gift, so that no one can boast about it." {1} And the Lord said in his last prayer: "Eternal Life means to know you, the only true God." {2}

A statement credited to God by

Moses and another credited to King David help me to wisely count down my days to both retirements. After the decline of humanity, "The Lord said, I will not allow people to live forever. They are mortal. From now

on they will live no longer than 120 years." {3} All we have is 70 years, 80 if we are strong. "Teach us how short our life is so that we may become wise." {4} It is significant that Moses, the author of Genesis, died at 120 and dynamic {5} King David lived only 70 years. {6}

My last Navy assignment here at Naval Hospital Oakland has reminded me of the brevity of life. This does not make me sad, but instead helps me to wisely live each day to the fullest.

Whatever the future holds for us and Naval Hospital Oakland, my final prayer and benediction for each of us is that we will count our days, become closely related and acquainted with the Creator and restorer of life through observing God in nature, in sacred history and in the lives we meet daily. "May the road rise to meet you and the sun shine warm on your face, the rain fall gently on you head, the wind blow always at your back and the good Lord keep you in the hollow of His hand." {7}

FOOTNOTES*****

{1} Ephesians 2:8, 9

{2} John 17:3

{3} Genesis 6:3

{4} Psalm 90:10-12

{5} Deuteronomy 34:7

{6} 2 Samuel 5:4, 5, 1 Kings 2: 10-12

{7} English Proverb.

Laboratory Department joins in economy drive

By Andree Marechal-Workman

Naval Hospital Oakland's Laboratory Department has joined the economy drive that is sweeping throughout the command by bringing in a new machine - the Solvent Recycling Still, also known as the xylene recycler.

According to the head of the department, LCDR Stephanie Spingarn, the machine is still in its testing stage but, in three short weeks, it has already shaved \$610 from the Laboratory's budget.

"With this figure, we are projecting an annual saving of \$10,586," said CAPT Donald E. Greenfield, MSC, USN, who clarified that, since the still was purchased for \$15,000, at the present rate of use, the machine should pay for itself by mid-November 1994.

Greenfield, who is the hospital's director for ancillary services, explained that the machine is designed to eliminate toxic substances from chemicals used during tissue examination. "Xylene is a hy-



HM2 Lawrence Faucette checks the boiling flask and temperature settings on the Xylene machine. (Official U.S. Navy photo by AA Kevin Cameron)

drocarbon, a reagent used for making tissue "blocks" from tissues taken during surgeries, he said. "The fixative is formalin. Then, xylene and alcohol are combined to remove water and the water is replaced with paraffin.

"This forms a block that can be cut. The xylene melts the paraffin and our technicians can

examine the tissues for disease detection."

However, according to Lab technician, HM2 Lawrence Faucett, "the machine is not used directly for the tissue examination. "It just allows reuse of the reagent (xylene) that is utilized to vaporize contami-

Continued on page 8

CMEO program is here to help

By Andree Marechal-Workman

The Navy is more serious than ever about its policy of providing equal treatment and equal opportunity to all Navy members, and the Command Managed Equal Opportunity (CMEO) is here to insure that the same policy is carried out at Naval Hospital Oakland.

"An environment of equal opportunity and equal treatment is essential in order to attain and maintain high morale, discipline and military effectiveness and readiness," said LTPamela Tucker, MSC, USN, the program coordinator. Tucker is assistant department head of Physical Therapy.

According to Tucker, the job of the CMEO program is to maintain a problem-free environment. It is also in place to insure that reported problems are indeed discriminatory and not the result of misunderstood policy or that a complaint wasn't made because "some unhappy sailor did not get his/her way."

And this is where CMEO comes in with its satellite Command Assessment Teams (CAT) and Command Training Teams (CTT). It is an entity mandated by the Chief of Naval Operations whose purposes, duties and formation are outlined in Naval Operations Instructions (OPNAVINST) 5354.1C, Section III.

"CMEO establishes the equal op-

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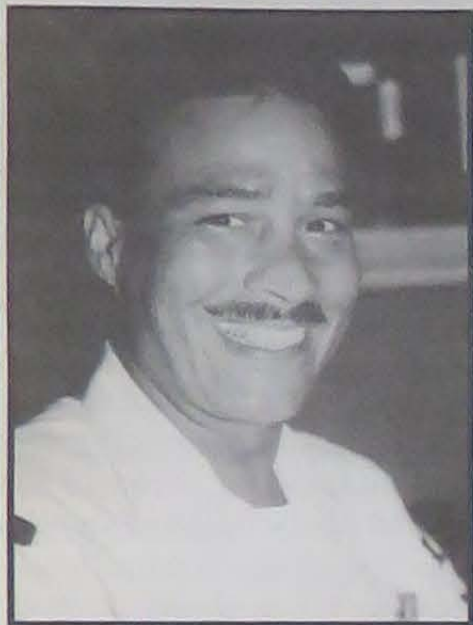
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Oak Knoll Viewpoint

How has the first half of the year gone for you?

(Official U.S. Navy photo's by MM2 John Dziki)

HM2 Vic Mandella
Primary Care Clinic



Fantastic. I won the Navy Regional Racquetball Tournament and the California State Singles Tournament. And best of all I've been invited to attend the U. S. Olympic Racquetball Team Training Camp.



HM3 Ramor Cabungcal
Primary Care Clinic

Everything has turned out very well. I was very happy to get stationed here once again after a tour of overseas duty. I really like the educational and military advancement resources here.

Ester Arcamo R. N.
Primary Care Clinic



Great. Working in the Primary Care Clinic makes me very happy.



LT Tony Diaz
Primary Care Clinic

It went great. I finished my internship, and am now looking forward to becoming a flight surgeon.

LT Gwendolyn Howard,
Head, Primary Care Clinic



I'm very happy because of how well the clinic is operating. We have increased the amount of ambulatory care offered, and our satisfaction surveys are at an all time high level of approval for the clinic. The staff is very happy and very much like a family.

Process Action Team scores high

By Andree Marechal-Workman

The work of a Process Action Team (PAT) in charge of investigating personnel check-in/check-out process scored high with the Quality Management Board (QMB) when team leader, LTJG Rhonda Mosby,

PAT Check-in/out members

LTJG Rhonda Mosby, formerly of Mobilization Planning, Team Leader
HM1 Alan Buchholtz, Manpower
HM1 Donato Jose, Nuclear Medicine
HM2 Lisa Chappell, Emergency Room
RP2 Delphine Jolivet, Pastoral Care
HM2 Roberto Lacson, Maternal Child
HM1 Allen Vintola, Pharmacy
LCDR Gregory Gorsuch, MSC, Radiation/Safety, Team Facilitator.

MSC, USN, outlined her teams efforts to improve that process recently.

"We were given an opportunity statement to improve the enlisted and officer check-in/out process," Mosby said, "but we didn't have enough data, so we sent out questionnaires to back up our investigation."

The team followed what in TQL language is called, the FOCUS-PDCA cycle. This acronym stands for: Find opportunity for improvement. Organize a team of people who know the process. Clarify current knowledge of the process. Understand sources of variations. Select solutions to improve the process. Plan for the improvement. Do the plan. Check to see if improvement is working. Act to hold the gain.

Working in accordance with that cycle, and after collecting and tabulating the result of their questionnaires, Mosby said that they came up with a three-phase plan for improvement of the process. They are outlined below:

Phase 1

- * All departmental personnel

that are providing the service should be trained in the proper check-in/out process for their respective department.

- * All departments should acquire a unique stamp to annotate completion of the process.

- * Designate a sponsor (optional) to escort the new staff member throughout the entire process.

Phase 2

- * A new check-in/out sheet.
- * A check-in/out package compiled by Manpower with input from each area, providing information to reporting and departing personnel.

- * A letter of response to be prepared for each of the adversely affected departments prior to use of the new check-in/out sheets.

Phase 3

- * Command orientation should be utilized to a maximum extent.

- * Some functions previously handled during the check-in process should wait until after the individual reports to his/her department.

Mosby indicated there were



LTJG Mosby (standing) presents the PAT team findings to NHO Quality Management Board while team members, HM2 Chappell, (right of Mosby) and HM1 Vintola stand by. (Official U.S. Navy photo by Andree Marechal-Workman)

some loose ends to tie up, such as confusion, duplication of efforts and possible compromise of data. She also indicated that the team believes an additional opportunity for improvement exists for a PAT to look into the possibility of increasing the function of the Health Records Department.

CAPT David A. Snyder, the command's new executive officer, complimented Mosby and her team on a job well done. Summarizing her

presentation, he said:

"What you've done is very customer sensitive. You've done a wonderful job of collecting the data. You cleaned up the process and cut 5 percent of what I recently experienced to be a real sticky wicket."

"What I really appreciate is the logical progression from place to place that you recommend. I think this is a fantastic job and it's commendable. Thank you."

Reducing variation

The way to quality

By CAPT William R. Rowley,
commanding officer, Naval
Hospital Pendleton

Dr. Deming, the father of Total Quality Leadership (TQL), was once asked what was the most important thing America could do to become competitive with Japan again? His response was, "reduce variation." This makes sense in a manufacturing setting because a product will work better if all pieces are uniformly made so they fit together perfectly. But can it be applied to a hospital?

There are three types of variation in medical care: (1) the pa-

tient, (2) clinicians and (3) the system. We don't have much control over how each patient will respond to care — that's up to mother nature. However, we can control the other two. Traditionally, 80 percent of clinical decisions are made from habit or through guessing. The "system" consists of policies and processes which are often made for the convenience of employees. Improvements can be made in both arenas.

Physicians at one hospital studied stroke patients and found that during a typical hospital stay, a patient saw 105 different staffers.

Continued on page 4

Red Rover

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CAPT David A. Snyder, MC

Meet NHO's new XO

By Andree Marechal-Workman

"Our patients first, our Navy second and everything else third." With this simple, yet clearly defined motto, Naval Hospital Oakland's new executive officer, CAPT David A. Snyder, MC, USN, articulated the direction that his leadership and management will take. "Our primary mission is to keep our sailors, Marines and soldiers fit to fight," he said. "That thought, along with these three simple professional priorities, helps me to keep things straight. It's easy to get lost focusing on personal goals, but I think that if we take care of our patients, and if we take care of our Navy, then the rest will take care of itself."

"There's no guessing involved with identifying what inspired CAPT Snyder to select the U.S. Navy as a career. The Navy has been a part of the Snyder family for at least four generations. CAPT Snyder's father retired after 20 years as a distinguished Medical Corps officer, his grandfather was a Navy gunner for almost 40 years, and his great grandfather was also a sailor. "My dad was a chest surgeon," he explained. "I think that I was attracted to medicine first, and then to the Navy. But what has kept me in Navy medicine for 23 years is the quality of its people. We have the best patients in the world, the best colleagues."

But if Navy medicine was an irresistible magnet for the XO, the operational Navy was not far behind. He has been ship's surgeon aboard six major combatants, including four aircraft carriers, a helicopter assault ship and a battleship. He also served aboard the Hospital Ship USNS Comfort (T-AH-20) during the Gulf War.

A pilot himself, he has been especially attracted to naval aviation. "Flying with Navy pilots in tactical aircraft off the Midway (CV-41) was one of the most exciting things I have ever done," he said, pointing to the aviation prints that are the dominant decorating feature of his office. "I learned to fly in my 'spare time' during my surgical internship and was fortunate enough to find an incredibly understanding instructor willing to work at really weird times of the day and night!"

Snyder's fascination with aviation was a key factor in his subsequent application to the National Aeronautic Space Administration's (NASA) program. He was screened by the Navy as a Navy mission specialist candidate. "I was interested in the delivery of remote medical care and in the technical considerations involved in doing surgery in zero gravity," he explained. "I knew that my personal involvement with NASA was ended, though, when the Challenger was launched and was lost." He was on maneuvers off the coast of Southern California at the time, aboard the battleship New Jersey (BB-62). "I went on to other things as the shuttle program went on indefinite hold back then, but I still follow every launch," he said wistfully.

One of the most important items on the new XO's agenda is to refine the many processes involved in the delivery of Navy health care through Total Quality Leadership, or TQL. His broad experience in TQL has given him faith in the great potential of the TQL philosophy and method. "There's no question in my mind that TQL is the way we need to go," he said with great conviction, "but we have to use TQL as a tool to achieve our goals rather than to treat the



implementation of a TQL program as an end in itself. We must work with both our patients and our colleagues to decide where we are going, and then we must refine and continuously evolve our chosen route. That commitment to planning and continuous improvement is at the heart of TQL, along with the preference for fact over opinion and an emphasis on process," he continued. "Great people like ours can cope with almost any inefficiency in process, but improving process is the key to real and lasting improvement. That's the real challenge of TQL."

Snyder highly values his ties with clinical and academic medicine. "Being pulled away from clinical medicine is the most wrenching change that comes upon a physician moving into an executive role. But seeing patients and teaching young colleagues remain very important to me both as a physician and as a

person. It keeps me close to our 'core business,' and I can't help but believe that this makes me more effective in dealing with my executive duties as well."

The native of Portsmouth, Va., emphasized that he is "absolutely delighted" with his new assignment, and looks forward to helping make a fine medical center even better. "The decision to close Naval Hospital Oakland is not yet final," he pointed out, referring to the cloud of uncertainty that lurks over the command's future. "If we do remain open, we will continue to give the fine patient care, teaching and operational support that have become Oak Knoll's trademark. If we close, we will still do all of that, but we will also make the closure of this proud facility a class act. "Whatever comes," he added, "I want our patients and staff to know that the command has their best interests at heart, will be com-

pletely honest and up front with them, and will do everything possible to make their individual transitions opportunities for both personal and professional growth. One of my mentors taught me that, for every door that closes, another one opens. My job as a leader is to find those open doors and take people through them...and beat the rush!"

After witnessing the light in the captain's eyes as he talked about his family, it would be careless to pass over the fact that, in addition to being a Navy surgeon, administrator, aviator and would-be astronaut, Snyder is also a family man. His wife, CDR Jan Mitchell, is a Dental Corps officer serving at the Branch Dental Clinic in Alameda. He is obviously very proud of her and of their 4-year old son, Rob. "Rob is our most memorable project," he quipped. "All we want for him is to grow up honest, do whatever he wants to do and be good at it!"

June Sailors of the Month

HM2 Vincent Barriere



When HM2 Vincent Barriere joined the Navy, he had no idea what would lie ahead. From tough hectic days to easy peaceful time, he thought he'd seen it all, but he reached a new peak in his career when he was named Naval Hospital Oakland's June Sailor of the Month.

The native of Port Arthur, Texas, spends his days at Branch Medical Clinic Alameda as the leading petty officer for Education and Training. In this capacity, he ensures that his shipmates have the opportunity to attain a higher degree of education by constantly pushing advanced training programs and making all hands aware of upcoming courses.

"Working in the Education and

Training Department is not what I expected when I joined the Navy in 1980," he said, adding that he joined the sea service to follow in the footsteps of both his mother and his older brother. She was a certified nurses assistant; he was a sailor. It was her love for her patients and the way she conveyed this that prompted his interest in the Navy and medical field. Naturally, it seemed logical that he should become a corpsman.

"As time has passed I have realized that I can give back something to the Navy for the tremendous opportunities and educational benefits I have received," he said. "My energy is centered on passing on these benefits to my shipmates who are in pursuit of a higher education."

Barriere's own journey into higher education led him to invest countless off-duty hours in preparing for the Licensed Vocational Nursing Board, which he challenged and passed, gaining LVN status. Now he is continuing his education by studying to become a registered nurse and acquire an associate's degree in Liberal Arts because "without knowledge, you can't be sure what will happen when you leave the Navy," he said.

His quest for knowledge continues at home from a different angle. He holds private church services at home with their six

children, "to show my kids how important religion is for me and for them," Barriere pointed out. After the church service, his singing can be heard from anywhere in the house.

Sadly, the music was interrupted by the Gulf War, when Barriere, like many other corpsmen, served on the front lines. He was assigned to a Marine battalion to instruct basic First Aid, CPA and safety procedures.

With the war over, "I can focus my attention on providing better opportunities for junior sailors and continue my drive toward retirement," said Barriere. The short eight years he has left is but a wrinkle in time, and the distinction of having been named Sailor of the Month pushes HM2 Vincent Barriere closer to the pinnacle of his field.

By AA Kevin Cameron

"No matter what is asked of me, I always give 100 percent," HM2 Lisa Chappell said. That 100 percent earned her the distinction of being named as Naval Hospital Oakland's June Sailor of the Month.

On the job she is the acting leading petty officer of the Emergency Room. "I definitely have more responsibility on this job than any other I've had," she said.

For Chappell there is no such thing as a typical day. Her duties

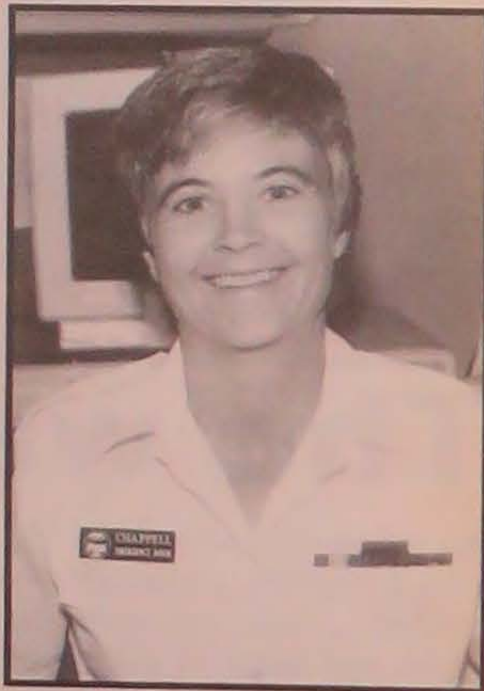
may include anything from administrative and staffing issues, to delegating Emergency Room shifts. "I never know what to expect," she said.

Prior to her naval career, Chappell worked at General Motors in Pontiac, Mich., where she did manual labor. It wasn't challenging, she said, so in September 1984 she began taking the pre-requisites for a nursing degree at the Oakland Community College in Pontiac. The instability of her job at GM prompted her to join the Navy in May 1989, at the age of 30.

Eventually Chappell decided to make a career change. Her first interest in the Navy wasn't the medical field, but the construction field. She spent two years as a construction mechanic with the Seabees, a job that entailed working on heavy duty machinery like diesel and gas engines. With her previous work at GM, she thought this would be the right choice for her, but realized that there was another career field she wanted to work in.

The native of Waterford, Mich., was approved to cross rate to the hospital corpsman (HN) rating, and attended Naval School of Health Sciences HM "A" School in Great Lakes, Ill. There she tried to be the best leader she could be by setting good examples for the younger corpsmen. "I think I taught them

HM2 Lisa Chappell



some things that made it a good learning experience for everyone," she said.

"A" School has been the most memorable experience for me since I joined the Navy," she continued. "I was the class leader and the oldest of the 60 people; it was a challenge."

Chappell recently passed her Licensed Vocational Nurse Board examination. She plans to obtain an associate of arts degree and bachelor of science degree in Nursing.

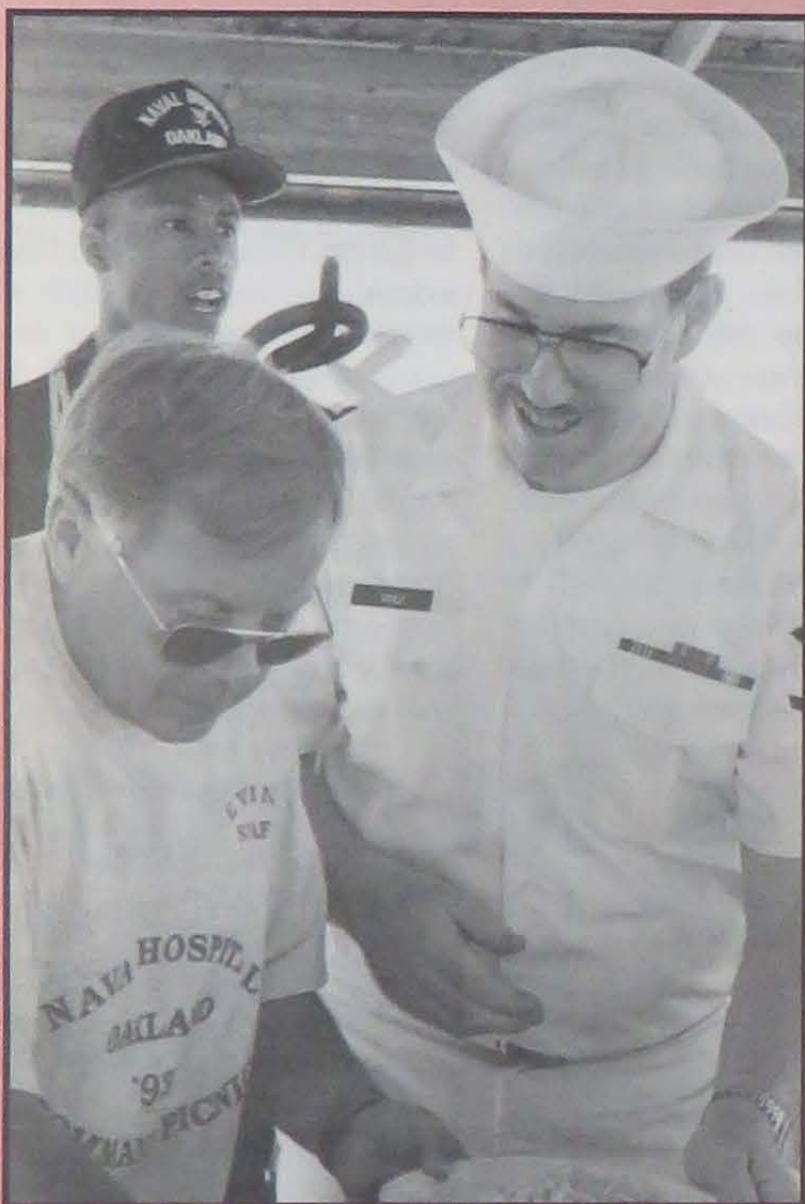
When asked why she thought she received this award, she responded: "By putting forth effort. I think people can see that I try to do my very best in every situation."

By LaRell Lee

From our command picnic



Bernie the big red dog.



RADM William Buckendorf (left) helps a staff member serve potato salad.

A grand time was had by all thanks to all the volunteers who worked tirelessly to make sure everyone was happy at the command picnic on July 10. This included our commanding officer, RADM William Buckendorf, who was very busy serving potato salad to the

troops, sweeping floors, filling food containers and telling youngsters "not to forget to go see Bernie," the giant red dog whose inside space provided a bouncing springboard for pirouettes and other feats of gymnastics.

The command's director for



NHO children enjoy the day in the sun.

community/occupational health, CAPT Roger Espiritu, was hard at work cutting slice after slice of watermelon; HMCM Phil Dozier was in charge of beans and barbecued chicken with Dr. Jack Nevins, a staff physician in OB/GYN; and staff members from Morale Welfare and Recreation were scurrying about, ferrying hamburger, chicken and spare ribs between the barbecue pits and the food tables.

A big vote of thanks go to the Nutrition Services' cooks, those silent elves led by HMC Dwayne Sanders, who came to the picnic site at the crack of dawn to get everything ready and bring in the culinary delights they prepared for their shipmates.

Recognition is in order for CDR Glenn Otterman, Jr. of the Pharmacy Department and "Mic" Muramoto and Ron Brown of Morale Welfare and Recreation, who organized the event, and Robin Boyle, Seas West Credit Union, and referees for the Volleyball tournament.

QMC Christopher Ellwood of SFMC is to be commended for coordinating the children's activities, as are LT Beverly Hall of SFMC and DK1 Elisha Dickerson of Business Operations Division for taking care of publicity and ticket sales.

The command is especially grateful to LT David Lesser of Navy Drug Screening Lab and his crew for taking care of the grueling clean-up job...and all those very generous people who gave freely of their time to make sure everyone enjoyed the picnic.

Text and Photo's by AMW

The way to quality...continued from page two

and was shuttled more than eight miles through the hospital. Nurses traveled 10 miles caring for the patient and spent 30 percent of their time recording, transporting and waiting. There were obviously many chances to go wrong (variation).

Doctors decided to use TQL to improve the process of treating stroke patients, but discovered there was no process. Each doctor used different diagnostic tests and different forms of treatment. When this was presented, they realized the doctors couldn't agree on a uniform way to manage their stroke patients.

The concept of "critical paths" is a technique to handle this situation. Patient care is outlined with all the various choices for diagnosis and treatment. A hospital's physicians then develop a consensus

of appropriate activities for a typical patient. These are charted for each day of hospitalization to create a protocol of care with standard orders. If the protocol is followed, essential components of diagnosis and treatment will occur on time every time. Unnecessary tests, procedures and medications will not be given. Outcomes measurements can be used to evaluate the effectiveness of clinical protocols and compare physicians and hospitals.

Another recent concept is "patient-centered care" which focuses on clinical resource deployment. In the stroke example, there were many personnel taking care of the patient, but interactions were brief and no one was able to establish the rapport necessary to aid healing. Clearly, this many encounters increased variability — the chance for something to go wrong. Some

hospitals are merging clinical departments into patient care teams and even moving ancillary services such as lab, X-ray, pharmacy and physical therapy to the wards. Employees are cross-trained so that a few staff will work continuously with the patient providing the testing and treatment.

Physicians at Scripps Memorial Hospital looked at how total hip joint replacement surgery was done at their hospital. They found that joint systems from six different manufacturers were used. Each had its own special instruments and several prostheses of each type had to be maintained to fit any size patient. Not only did this tie up a lot of money (each prosthesis costs over \$1,000), but it meant operating room staff had to be familiar with six different sets of instruments and procedures. If a special

instrument got placed in the wrong set or was mishandled, the entire system could not be used. Clearly, if all the orthopedists could agree on one or two brands of prostheses, variation with all its inherent difficulties would be reduced.

Dr. C. Everett Koop, a pediatric surgeon before becoming U.S. surgeon general, could do a pediatric hernia repair in four-and-a-half minutes with very few complications. He did not race through the operation, but over the years he streamlined the procedure to a minimum number of steps and instruments. Everybody in the Operating Room knew what to expect. It is interesting that the surgeons with the best outcomes are the ones who order a minimum number of tests and can do operations quickly. They have reduced variation.

Healthcare quality improve-

ment is becoming a complex process with overlapping concepts. TQL focuses on improving management and clinical process through process action teams, quantifiable targets and employee empowerment. Patient-centered care focuses on redeploying resources through patient care teams, employee cross-training and redesign to bring services to the patient. Critical pathways focuses on reducing clinical variation through physician/staff protocols and outcomes measurement.

We must become familiar with these new ways of providing medical care. Reducing variation provides better results and saves money — the two things our patients are looking for.

(Courtesy of Naval Hospital Camp Pendleton Newsletter)

Safety News

Keep an eye on kids around water

How many times have you left a small child unsupervised, even for a brief moment? In these busy times, adults must remember that close supervision of young children around water is imperative to ensure their safety. With the warm weather upon us, it's time to take a dip in a pool, lake, ocean or other body of water. Children are naturally curious and must be supervised always when in or around all bodies of water, including pools and spas, according to the National Swimming Pool Safety Committee (NSPSC).

Water and children can be a fun, enjoyable and healthy combination so long as a few simple safety rules are followed to prevent drownings and near drownings. Adult supervision, effective barriers and knowledge of cardiopulmonary resuscitation (CPR) will help provide a safe and fun atmosphere for you and your family. Drownings and near-

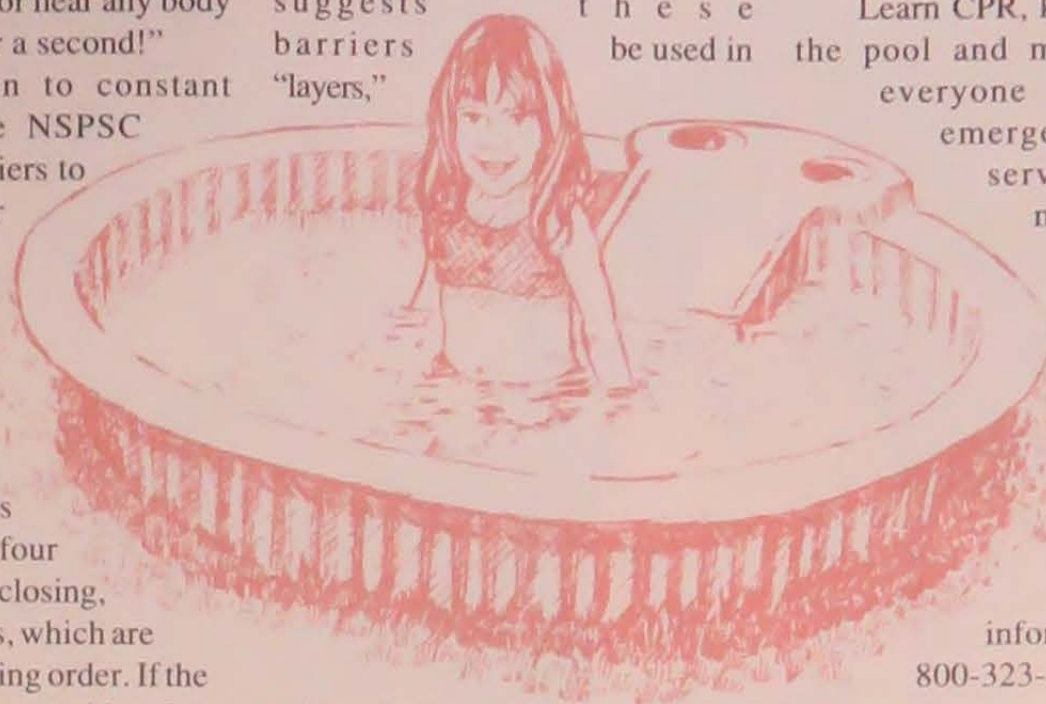
drownings are a very serious problem, accounting for about 300 deaths annually of children under age 5. The typical drowning victim is a boy between 1 and 3 years of age, who is thought to not be in the pool area at the time of an accident. Near-drownings occur even more frequently than drownings, and all caretakers of children - parents, grandparents, baby sitters, older siblings - must be responsible for supervision and for learning emergency procedures. A little knowledge goes a long way.

The NSPSC has formed "Operation Water Watch" to educate parents and pool and spa owners about the safe use and enjoyment of all bodies of water to prevent tragedy. Lester Kowalsky, chairman of the NSPSC Steering Committee, said, "Drowning is a silent accident; rarely is there a cry for help or a splash heard to alert parents. Yet it is a preventable accident. Our message is simple:

Never take your eyes off a child when he/she is in or near any body of water, even for a second!"

In addition to constant supervision, the NSPSC recommends barriers to make the pool or spa area safer. Barriers should prevent access to the pool or spa by unsupervised children. Fences should be at least four feet high with self-closing, self-latching gates, which are kept in good working order. If the house is used as one side of the barrier, the pool should be equipped with a power safety cover, or doors leading to the pool should be equipped with an alarm system or self-closing and self-latching devices. While these measures do not replace supervision, they can prevent or detect access to the pool

by young children. The NSPSC suggests these barriers be used in "layers,"



around any body of water.

Learn CPR, keep a phone by the pool and make sure that everyone knows the emergency medical service phone numbers. Keep an eye on those kids and enjoy a safe and fun swimming season!

To receive free water safety information, call 1-800-323-3996.

with each layer adding to the safety of the pool.

The NSPSC also reminds parents that while many infants, toddlers and preschoolers participate in aquatic programs to make the water more enjoyable, children must still be supervised at all times in the pool or spa area and

(Editor's Note: This is the first in a series of articles on Operation Water Watch 1993. This very important aquatic safety campaign was prompted by the rash of swimming pool-related accidents published in Bay Area press recently.)

The hazards of using smokeless tobacco

By LT Kim Erickson, DC, USNR

Baseball season is in full swing, and for many of us, this means plenty of hot dogs, peanuts and cracker jacks. For others, this also means a time for "chewing and dipping" tobacco. Many major league players can be seen on the tube constantly spitting, with big wads in their mouths. These professionals would sooner play without their gloves than part with "that pinch between their cheek and gums." Not only are the Big-Leaguers using these products, but a lot of non-players as well.

Smokeless tobacco comes in different types; it can be packaged in a pouch of leafy "chewing" tobacco or a can of finely chopped "dipping" tobacco, otherwise known as snuff. Studies demonstrate there appears to be a geographic preference for the



different types. Chewing tobacco is most often preferred by younger age groups who live in rural areas, as compared to snuff which is most often associated with adolescents who live in urban areas.

As far as amounts of consumption, current studies show

that 24 percent of smokeless tobacco users consume both types, 53 percent dip or use only snuff and 23 percent use only the chewing type. Regardless of the type, the use of smokeless tobacco is strongly associated with the development of oral lesions. In fact, oral lesions are four times more likely to occur in those individuals who dip versus those individuals who chew. Of greater significance is the combination of any tobacco use and alcohol consumption; under these circumstances, the risk of developing cancerous lesions is significantly increased.

Oral lesions are directly related to the location and duration that the tobacco product is held in place. One of the earliest lesions to appear is an asymptomatic white patch that does not wipe off. This lesion, otherwise known as "leukoplakia," or white patch, is initially benign. The skin

begins to thicken in the area of insult; this condition is called "hyperkeratosis." This is the most common condition noted within the oral cavity, constituting approximately 71 percent of all white lesions. In addition to hyperkeratosis, other conditions may also be present during the earlier stages, such as sores, halitosis, gingivitis, gingival recessions, periodontitis and the staining of teeth and dorsum of the tongue. If the tobacco use is stopped at this time, the lesion may regress spontaneously back to its normal appearance. That's the good news!

Unfortunately, if tobacco use continues, then greater consequences develop. Initially, a "dysplasia," or pre-malignant condition, may develop in the affected area. The presentation may appear similar to above, but may also contain degrees of erythema, or redness, interspersed within the whitish lesion. To the untrained eye, it may appear no different than healthy normal tissue. This is the reason why an examination and an evaluation should be done by a trained professional. Oral examination and a biopsy are required to rule on cancer. These pre-malignant lesions constitute about 13 percent of all the white lesions found in the oral cavity. If the area is left undiagnosed and untreated, this lesion will progress to cancer.

They do not understand the consequences of waiting. This is why 8,150 people will die of oral cancer this year.

Cancer can develop anywhere in the oral mucosa. In smokers, there are areas of special concern and predilection for cancer to appear, but for non-smokers, usually it is on the site of the insult itself, where the lesion develops. A cancerous lesion may appear ulcerated, depressed or thickened, with or without bleeding. Malignant lesions are usually painless in the early stages and,

therefore, not initially noticed by the patient. Because of the wide variety of symptoms and presentations of oral cancer, frequent cancer screening, which is required by the military as part of the yearly dental examination, is an important step in recognizing cases early. The importance of the screening is better understood when one realizes that over 30,800 new cases of oral cancer were diagnosed last year. If a cancerous lesion is discovered early, surgical removal of the affected area significantly improve the outcome of prognosis; often this results in total elimination of the cancer. Unfortunately, too frequently, people ignore the signs and symptoms.

Denial is another obstacle to having areas of concern evaluated and treated. People usually do not believe that cancer can happen to them, are too afraid to want to know the truth, generally tend to be misinformed, and almost always tend to procrastinate. They do not understand the consequences of waiting. This is why 8,150 people will die of oral cancer this year. Waiting hampers the overall prognosis.

Therefore, if you or someone you care about insists on using smokeless tobacco, here are some things to keep in mind:

* If white or red sores appear on the cheeks or gums, lumps or receding gums are noticed, then discontinue tobacco use and see a dentist immediately.

* Make sure that a thorough oral screening exam is done and repeated at least once a year.

* Seriously consider giving up tobacco products (this includes anyone who uses any form of tobacco). The American Cancer Society offers cessation programs for users of smokeless, as well as smoking tobacco. There are also tobacco substitutes on the market. One such product is a replacement for snuff, it comes in a flat can and is available in mint and cinnamon flavors.

One thing is certain: The use of smokeless tobacco is one national past time America could do without.

Dental care of HIV-infected patients

By LCDR Catherine Wilson, NC, USN

BUMED WASHINGTON (NSMN) — It has become critically important for dental professionals to be knowledgeable about the Human Immunodeficiency Virus (HIV) and its manifestations. This week our focus will be on dental care of HIV-infected patients.

Patients seeking dental treatment may be HIV-infected and be unaware of their condition. It is estimated that 30 percent of early manifestations of HIV infection occur in the oral cavity. Recognition and identification of these oral conditions is an important role of our dental providers. It is known that more than 90 percent of HIV-infected persons will develop head and neck manifestations. HIV-infected individuals may need extraordinary amounts of oral health care.

While occupational transmission of HIV infection from patients to providers is extremely low, it is essential to employ appropriate infection control

practices. The same universal precautions covered in an earlier article also apply in the dental setting.

The Occupational Safety and Health Administration (OSHA) blood pathogens standard became effective in 1992. According to this standard, saliva in dental procedures is presumed to contain blood and is, therefore, considered a "potentially infectious material" for the purpose of universal precautions and occupational exposure recommendations. Otherwise, saliva is not considered to be a body fluid that poses a risk for HIV transmission.

Since dental providers are known to be at increased risk of contracting hepatitis B, OSHA requires that all dental personnel having patient or instrument contact receive the hepatitis B vaccine within 10 days of initial assignment. Universal precautions should be used in treating every patient.

Some of the more common oral manifestations of HIV infection and AIDS include: oral candidiasis; viral infections — herpes simplex virus, varicella-zoster virus, Epstein-Barr

virus and oral hairy leukoplakia and human papilloma virus; HIV associated gingivitis and periodontitis and malignancies such as kaposi's sarcoma, lymphoma and carcinoma, recurrent aphthous stomatitis; salivary gland disease, thrombocytopenia and bleeding gums.

The oral lesions that fulfill the diagnostic criteria for AIDS include kaposi's sarcoma, herpes simplex ulceration persisting more than one month, lymphoma (B-cell) in an HIV-infected patient and histoplasmosis in an HIV-infected patient.

Knowing the various oral manifestations of HIV and AIDS will assist in the prompt diagnosis and treatment of these individuals.

The information presented above was taken from the Mountain-Plains Regional AIDS Education and Training Center HIV/AIDS curriculum. For more information, or to become a Navy certified HIV instructor, contact the Navy HIV Program at DSN 295-0048 or (301) 295-0048.

(Wilson is the surgeon general's representative for HIV education policy)

Medical Service Corps

Celebrating 46 years of service



Navy pharmacist, LCDR Albert B. Montgomery, HC, (first row, third from left) was present at Oak Knoll Naval Hospital's opening on July 1, 1942. If he was still in the U.S. Navy in 1947, he would have been the first Medical Service Corps officer to have served at the command. Montgomery enlisted as a hospitalman on Apr. 9, 1908 and was commissioned through the ranks as a lieutenant on June 15, 1942 (Official U.S. Navy photo, courtesy of Naval Hospital Oakland's Archives)

The Bay Area Association of Medical Service Corps Officers requests the pleasure of your company at the 46th Medical Service Corps Anniversary Ball on Saturday, the twenty-eighth of August nineteen hundred and ninety-three at seven o'clock at the Casa de La Vista, Naval Station Treasure Island

*Dinner Dress White Jacket
Dinner Dress White
Formal Attire for civilian guests*

R.S.V.P.

*Ticket can be purchased until July 31st.
Call LT Bob Rahall at 633-6351 for more information.*

Patient Appointment System

To schedule and cancel all clinic appointments, call (510) 633-6000, Monday through Friday, from 8 a.m. to 4:30 p.m. No more busy signals!!!! Speak directly with an appointment clerk.

August 4, 1993 will mark the anniversary of the Medical Service Corps — commemorating 46 years of

What uniform is that anyway?

By MM2 John Dziki

If you are on the fifth floor you might see someone up there in an unusual uniform.

His is Coast Guard Health Services Technician 1st Class William Cranston. He is assigned to Oak Knoll as the health beneficiary liaison between the Coast Guard and the Navy. This is a very busy job because there are over 5,000



Coast Guard health beneficiaries in the Bay Area and no Coast Guard hospital for them to go to. His function is to help the doctors and patients cope with the differences between the Coast Guards way of doing things and the Navy's way. He mainly helps by improving communication between Navy and Coast Guard medical facilities.

Cranston has 14 years active service in a variety of locations. His favorite was Port Angeles, Wash., where he met his wife, Diana, during sickcall when he removed a splinter from her hand. She is a Storekeeper 2nd Class in the Coast Guard.

Since he is the only Coast

Guard sailor on a Navy base, of course, he has to deal with a little interservice rivalry. "Guys around here like to call me a shallow-water-sailor and say that I don't know what real sea time is like," he says with a chuckle, "but I tell them that all they do is go out on floating islands and that our ships roll 10 times as much and it takes a real sailor to cope with that."

The biggest change he would like to make in his job is "to get the doctors to remember that I'm here. I can save them a lot of time when they need information about Coast Guard people. So I would ask them to use me because I'm here to help."

Approximately 3,000 warrant officers were appointed between 1916 and 1945. However, the need for commissioned officers skilled in both medical administration and in the practice of sciences was well documented during the two world wars.

Since its formal creation, the Corps' short history records several milestones: In 1953, by authority of Congress, CAPT Willard C. Calkins was appointed as the first chief of the Medical Service Corps by the secretary of the Navy. In 1982, it received flag rank status, with Commodore Lewis E. Angelo as its first selectee. In the 46 years since it was founded in 1947, the MSC has grown from 252 to over 2,900 men and women, according to LCDR Douglas Kollash, MSC, USN, of the Medical Service Corps Bureau in Washington, D.C. Under the guidance of its director, RADM S. Todd Fisher, MSC, USN, it will continue to be a vital part of the effective execution of the Navy Medical Department's mission. (AMW)

CMEO program...continued from page one

portunity program for each command," said Tucker, explaining that it is a management system that has flexibility to respond to command specific needs through the appointment by the commanding officer of CAT and CTT teams.

The CAT group is responsible for evaluating the equal opportunity climate at the command and to make recommendations to the commanding officer. On the other hand, the mission of CTT is to teach Navy Rights and Responsibilities — to conduct seminars designed to help sailors understand their role in the Navy community, as well as their individual rights and responsibilities.

The former is made up of a broad cross section of command personnel of both genders and all ethnic origins and pay grades, with the executive officer at the helm. The latter must be petty officers 1st class and above, who are trained by the West Coast Equal Opportunity Detachment at Treasure Island. Personnel may interface on both teams,

but the groups retain their separate identities.

People within the command do not always realize the importance of the CAT, which is here to learn about the command climate, explained Tucker, adding that their job is to assess how service members feel about this command. "Our major tool for determining the climate is through our annual survey," she said, emphasizing the importance of such a tool because the command really wants to see things done equitably here.

"When the surveys are distributed, we need 100 percent participation from those surveyed and we need their honest input," Tucker continued. "The CAT tries very hard to maintain anonymity. We feel that it is essential for members to be open and honest...we do not want people to feel that 'nothing will be done,' so they won't fill out the survey. The CAT is here to help."

At Naval Hospital Oakland, the chain of command is responsible for resolving discriminatory complaints at

the lowest level possible. "If a person is not getting a problem resolved by the chain of command, that individual can contact me and I will assign one of our CAT members to inquire into the complaint," Tucker stated.

In other words, she concluded, while the commanding officer is the ultimate enforcer of equal opportunity issues, CMEO prefers to take care of complaints at the lowest level possible, through the chain of command.

Tucker emphasized that CMEO is a military program, indicating that its civilian counterpart is the Equal Employment Opportunity (EEO) program, also headed by the commanding officer, with Weldon D. Miles as his deputy.

(Editor's Note: If you want to register a complaint, or need further information, you may contact LT Pamela Tucker at (510) 633-5067 or any CAT member. You will find a picture board on the third deck of the hospital listing names and locations of all CAT team members.)

Breast-feeding is Mother Nature's way

By Miriam Levitt, RN

Until about 100 years ago, all babies were breastfed. Bottlefeeding became popular as an alternative during the 1930s and 40s. Since then, many studies have shown that "you can't fool Mother Nature." On an average, breastfed babies have fewer illnesses and allergies, fewer hospitalizations for illness, better scores on intelligence tests and even lower rates of childhood diabetes and cancer.

Benefits for their mothers include feelings of well-being and relaxation while breastfeeding as well as lower rates of breast and ovarian cancer. In addition, they save money — a valuable advantage in these days of universal economic crunch.

In developing countries, the effect of formula-feeding are disastrous. Where clean water and refrigeration are unavailable and sanitation is poor, babies need their mothers' milk for a chance at survival. James Grant, director of the United Nations' Children's Fund, recently estimated that a return to traditional patterns of long-term breastfeeding in these countries could save the lives of

over one million children a year.

Recognizing the seriousness of the problem, national policy-makers from all over the world met in Italy July 30 - Aug. 1, 1990 to draft the Innocenti Declaration that set forth global standards for breastfeeding promotion, support and protection. These were adopted as goals by the many heads of state attending the World Summit for Children in September of that year. In 1992, the first week in August was designated World Breastfeeding Week to mark the anniversary of this historic meeting.

Naval Hospital Oakland's Maternal Child Health Department (MCHD) has an on-going commitment to improving our support of breastfeeding. Currently a prenatal breastfeeding class is taught by a postpartum nurse who is a certified lactation educator. The department encourages attendance to both this and other free-of-charge prenatal classes that are available to our patients. Sign up sheets are posted outside the screening room at the OB/GYN Clinic.

The department has a supportive breastfeeding policy, and staff in our inpatient areas help mothers initiate this feeding process. Several electric breast

pumps are available for mothers of premature or sick babies to help them maintain lactation until their babies are ready to nurse. A breastfeeding instruction manual is available for staff education and our lactation educator has given some staff in-service on breastfeeding management. The educator will also train other staff members to enable them to teach the classes in future.

Although the department has a long way to go, its staff is working toward the World Health Organization's standards for "a baby-friendly hospital."

Currently, MCHD staff is conducting a Quality Assurance study to ascertain how many mothers who leave the hospital in a breastfeeding mode remain in that mode after two weeks. So far the results are excellent. Since most mothers who quit do so in the first two weeks, it seems the department's efforts are paying off!

Many working mothers, including those on active duty, are able to breastfeed by pumping their milk for use at home while they are working. This fits in with the theme of this year's World Breastfeeding Week, which is "making the workplace 'mother-friendly.'"

Nutrition news

How to increase dietary fiber content

By Claudia Martinez, Nutrition Intern

According to the October 1992 edition of Consumer Report, there is good evidence to suggest that a diet high in fiber is related to a decreased incidence of certain types of cancer and coronary heart disease. As a result, there is much concern in increasing the fiber content of diets.

Dietary fiber is found only in plant sources and is not broken down in the digestive tract. There are two types of fiber: soluble and insoluble.

Found in oat bran, dry beans and apples, soluble fiber regulates sugar absorption in the intestine. It also binds cholesterol in the blood stream and reduces risk of coronary heart disease.

Found in wheat bran and vegetables, insoluble fiber has laxative properties that may help prevent some gastrointestinal cancers.

The National Cancer Institute recommends that we eat between 20 to 35 grams of fiber a day. This figure is hard to use when planning a daily diet. It is, therefore, suggested

that, to be safe, five to seven servings of fruits and vegetables and four to six servings of grains and cereals be included in daily menus. One serving equals approximately half a cup of fruits or cooked vegetables.

To increase dietary fiber content, the following is recommended: Choose fresh fruits and vegetables; eat mainly whole grain breads and cereals and include beans and other legumes. Potatoes, including their skin, are also a good source of fiber. Highly processed foods should be avoided because they tend to be lower in fiber content.

Listed below are some important points to remember when increasing dietary fiber content:

- * Start slowly. Overloading the digestive system can lead to gastrointestinal problems.

- * Drink anywhere from six to eight glasses of fluids a day to aid in digestion.

(Editor's Note: Information contained in this article was taken from the October 1992 edition of Consumer Report).

Navy Family Service Centers offer a variety of classes

FSC Classes T.I. Employment assistance orientations

July 26, 1 - 3 p.m. Information will be provided for employment seekers. You will have the opportunity to complete the Defense Outplacement Referral System (DORS) application.

Job search workshop

July 28, 9 a.m. - 12 noon. This workshop will concentrate on strategies for job hunting. Come and find out what creates vacancies, how jobs are filled and how to look for job openings.

Flea market

July 31, 10 a.m. - 3 p.m. FSC is sponsoring a fund raising event at the Navy Exchange to help needy families during the holiday seasons. Sign up by July 28 to sell your garage items or arts and crafts at a cost of \$8.00 per space, payable at the time of registration.

All classes will be held at the Family Service Center, Building 257. To register for these events, or for further information, call (415) 395-5176 / 5189.

Alameda

Resume writing I & II

This two-part workshop presents the basic components of an effective resume so that you may choose the format that emphasizes your special skills and interests. The second session will be a review of the individual

resumes and information on how to write a cover letter. These classes will be offered on Thursday evenings Aug. 5 and 12, at 6:30 p.m. There will be a one-day resume workshop given on Saturday, Aug. 28 from 10 - 3 p.m. in Building 78, second deck. Call (510) 263-3129.

Stress management

Is stress your enemy? Is life getting to you on the job or at home? Fatigue, anxiety, anger and depression are common feelings when we are stressed. This workshop will help you learn to identify and deal with the stressors in your life. Wednesday, Aug. 11, 9:00 a.m. - 4:00 p.m.

Pregnant sailors

The Pregnant Sailor's Workshop is for active-duty sailors and "dads." The program will feature Navy Marine Corps Relief Society (budgeting for baby), Child Development Center, FSC, films, booklets, great information on almost every aspect of "being a mom." Learn about the Navy Pregnancy Policy, community resources, breast feeding, outlet shopping for baby and more. Monday, Aug. 2, 9 a.m. - 3:30 p.m.

Starting point

A comprehensive orientation program as well as a brief individual consultation for those seeking information on employment and career choices. It is offered every Monday 10 a.m. - noon. Get basic information on how to plug into the job market on a full or part-time basis,

opportunities from school, training or volunteering. Individual assistance is also available by appointment. Located in Building 78, on the second deck. Monday, July 12 - Aug. 30, 10 a.m. - noon. Call 263-3129 to register.

Parent discussion group

A chance to get together and share life as a parent, disciplinary and what works and what doesn't work, as well as what to do and what not to do. This time we will discuss alternatives to shaking, hitting or spanking. Please join us. Tuesday, Aug. 10, 6:30 - 8:00 p.m.

Mid day moms

This informal gathering of new moms has been a great success. The Wellness Committee sponsors the program and the participants have designed lively group discussions on a variety of topics they have an interest in. Infants are welcome! NMCRS will reimburse child care for registered participants. Call NMCRS (510) 769-1717 and let us know if you are coming. Bring a bag lunch and join us Wednesdays, Aug. 11 and 25, 11 a.m. - 12:30 p.m.

Consumer rip offs and credit management

Don't lose your shirt! Become an educated consumer, learn more about credit and how to use it. Wednesday, Aug. 11, 6:30 - 8:30 p.m.

Navy Campus T.I. can help you get a degree

If you are one of the 400 people who completed the Navy Campus Needs Assessment Survey about two months ago, are you curious about the results or do you wonder what was done with the information?

The results of the survey showed that there are at least 166 people interested in obtaining a bachelor's degree and 77 people who want to work on a master's degree. The largest area of interest lies in Nursing, Business Administration and Computer Science Information Systems for the bachelor's degree. Health Care Administration and Business Administration are the primary areas for master's programs.

Since 187 of the personnel surveyed are ready to start now, Francis Rohrer, the regional navy campus advisor, has gone out requesting bids from local and national universities and colleges to begin offering college courses here. We hope to be able to offer a few courses by the fall term. The Command Education Department (CED) and Navy Campus will keep you posted.

The last question of the survey solicited additional comments. A common theme throughout was work schedule and duty interference. The 12-hour shift work schedule poses a problem. There are alternatives to getting, or at least

begin working on, your bachelor's or associate's degree. Beginning in July, CED has the authority to administer College Level Examination Program (CLEP), subject examination, ACT PEP examinations and DANTES subject standardized tests. To begin with, CED has the five general CLEP tests and 15 subject-specific tests. Others can be and will be ordered if and when needed.

To begin your trek toward earning a degree, make an appointment with Educational Specialist Rebecca Steely, who is in the command master chief's office every Tuesday to help on your climb toward meeting your educational goals. Point of contact for an appointment is HM2 Christine Wurst; she can be reached at (510) 633-5324.

Once you have had your service record and any previous college work evaluated by Steely, you can stop by CED to see CAPT Janet Arnett, MSC, USN. You can also call her at (510) 633-5266 for test availability and scheduling.

Steely can assist with the processing of the Special Request Chits for Tuition Assistance. It's not necessary for you to make the trip to Treasure Island if you get your chit to Steely in a timely manner. She will take it on Tuesday and bring it back the following week.

Plus and Minus



by mike meines

It's amazing. I have been driving since I was sixteen and I have been registered to vote since I was twenty-one. I pay my taxes and always enter the Ed McMahon Sweepstakes. I don't know what else I could have done...however, until recently...I had

never been selected to report for jury duty.

I have seen the movie "Twelve Angry Men" and I have seen Perry Mason on television. I was always jealous of those people who got to decide guilt or innocence. What do they have that I don't have? A summons that's what!

All of this ranting and raving is moot, however. Last week I got the coveted summons. I was very excited and told both of my friends.

When you wait as long as I have to perform your civic duty, it is a special moment. A lot of major decisions have been made by those twelve individuals that make up a jury. The responsibility of weighing the evidence and discussing its merits with your peers with someone's fate in the balance is kind of scary. There has been a lot on the news lately about prisoners who are serving sentences for crimes they did not commit. I don't want that hanging (pardon the pun) over my head.

My thoughts were on my civic duty. For days before I was to report, I thought and thought about it. I would make up scenarios where I was the jury foreman. It only makes sense that I would be the foreman. I'm always the loudest.

I have served my country in uniform in the Vietnam thing and I still work for the military. I am pretty conservative in my views and, by God, I love my country.

I told all my friends and both of them said the same thing.

"Tell them you are indispensable at work...or better yet, tell them you have plane tickets that are non-refundable."

"Have your boss write a letter..."

(It would help if you could hum The Battle Hymn of the Republic at this point)

"Wait! You guys don't understand. I've waited over...uh, a long time for this opportunity to knock. I am proud to serve my community and the United States justice system. Why the

very heart of our Constitutional..."

"So go, all ready!"
Sour grapes. (Quit humming)

I went home the day before the big day and carefully selected my wardrobe for jury duty. You have to be sure that your outfit makes the right statement. You want to show that you respect the law. A tie? Maybe a conservative suit...

I decided on a casual shirt (don't want them to think that I am not compassionate) and slacks.

True to form, I showed up at the Civic Center 90 minutes early.

"I'm here to do my civic duty, to follow in the footsteps..."

"Yeah, yeah, sign in here."

The clerk showed me to the prospective jurors waiting room and I joined my fellow patriots.

We were shown a film about how to do jury duty and then we were told to wait.

Pretty soon the clerk came in and said, "If I call your name, please proceed to Courtroom #1

for the selection process."

She called off half the names of those gathered and they left. Obviously, I wasn't one of them.

"Say, can the rest of us watch the film again?"

"Sit down and shuddup, weirdo..."

They released us for lunch and as soon as we returned, the clerk came out and made an announcement:

"At this point, we no longer require any jurors, you are free to leave, you will not be called for jury duty for at least three years. We would like to thank..."

"Three years???? I've waited..."

"Later, Baby!"

PERSONALS:

JO2 Stephen Brown: Good job! Thank you.

LT Tancer: How does a penguin take pictures again?

CAPT Kibble: I still can't believe it. It's the Navy's loss.

Carole: I didn't forget you. You'll be in the next one.

Mom: I went to South Dakota. I got you a T-Shirt.

Origination fee waived for Cal-Vet home loan

SACRAMENTO, Calif. — The cost of living goes up, but the cost of a Cal-Vet home loan just went down.

Benjamin T. Hacker, director of the California Department of Veterans Affairs (CDVA), announced recently that Cal-Vet will now waive the \$430 loan origination fee for veterans purchasing residential property through the Cal-Vet program.

"This feature hopefully will encourage veteran participation in the best buyers' market we've seen in years," said the retired Navy admiral. "If early results are indicative of our future success, the American dream of owning a home will become a reality for more veterans in California than ever before."

"With more than \$700 million in loan funds available and an increase in the term of the loan from 25 to 30 years, Cal-Vet provides even greater help to qualifying veterans," said John Pride, chief of CDVA's Farm and Home Purchase Division.

On the financial side, other

...Cal-Vet will now waive the \$430 loan origination fee for veterans purchasing residential property through the Cal-Vet program.

benefits include:

- * No points for buyer or seller.
- * High maximum loan limit (up to \$242,100 in some areas).
- * Low interest rate.
- * Low cost, high quality insurance programs.
- * Disaster Indemnity Fund for earthquake and flood coverage.
- * Quick processing.
- On the service side,
- * Veterans may apply for a loan regardless of place of birth or residence at time of entry or reentry into active military duty.

* Veterans deal with one office for loan processing and contract servicing, so the entire process runs more smoothly.

* Veterans who are first-time home buyers may qualify regardless of time of release from active duty. Others must still apply within 30 years from the date of

release from active duty.

Loans up to 95 percent of appraised value, not exceeding the maximum loan limits, may be granted. If the home appraises for 105 percent of the price, a 100 percent loan may be granted.

According to Pride, there's even a "special rehabilitation loan" designed to allow qualifying veterans to purchase a home that needs repairs or alterations at the same low interest rate available for the basic Cal-Vet home loan.

Pre qualification takes as little as 15 minutes. Cal-Vet can close a loan in approximately 35 days. Veterans or realtors may telephone 1-800-952-LOAN for further information.

Oakland Vet Center staff discussion July 30

Representatives of the Oakland Vet Center, which is part of the Department of Veterans Affairs, will present a description of their services at 9:30 p.m. on July 30. The presentation will be made in the ENT Class Room, 4-32-13.

The Oakland Vet Center provides counseling to veterans of certain areas and theaters. Attendance is open to all interested individuals. Point of contact for further information is LCDR Stephen Astrachan, head of Patient Administrative Department. He can be reached at (510) 633-5724.

Laboratory...continued from page one

nants. This, in turn, allows reclaiming pure xylene," and this is where the saving comes in since, according to Greenfield, "about 9,000 procedures are performed each year."

Spingarn said that purchase of the machine was prompted by "a big push from the Occupational Safety and Health Administration (OSHA) to eliminate toxic hazards from the workspace." Mike Leoni of NHO's Occupational Health and Safety Department added that the OSHA directive is but one among a great number of federal regulations aimed at reducing the need for dumping into the waste stream.

"Only two Bay Area medical centers are using the ma-

chine," Spingard said: "The University of California Davis and the University of California San Francisco. I believe that we're the first military facility to use it."

The Laboratory anticipates even more economy because of potential for further use, Greenfield added. "Although, right now, we are using the machine for xylene only, the potential is there to recycle formalin and alcohol. I am not sure just when we'll be able to start to use it for [those chemicals], but the forecast is for a timeframe of within six months, and we expect that the machine will pay for itself even earlier than projected at the present time."

Softball Playoffs as of July 19th

Team	Won	Loss	Percent
* Infectious Waste	3	0	1.000
* Psych-Clones	4	1	.800
* Lab 'Rats'	2	1	.666
Meat Cutters	2	2	.500
Resp. Therapy	1	2	.333
Dancing Bears	1	2	.333
Nitro Drips	1	2	.333
Outlaws	0	2	.000
Physical Terr.	0	2	.000

* These teams have advanced to the final round and will compete for top honors. Final stats were not available at press time.

The Red Rover

This newspaper is named in honor of the Navy's first commissioned hospital ship

Vol. 5 No. 10 Naval Hospital Oakland, California August 13, 1993

Navy Dental Corps 81st anniversary

Continuing a tradition of success

By Andree Marechal-Workman

The Navy Dental Corps has come a long way since it was officially established by the 62nd Congress, on Aug. 11, 1912.

According to a historical account of Dental Corps

contingency training in combat casualty care for dental officers."

The head of Naval Hospital Oakland's Dental Annex, LCDR Greg Waskewicz, DC, USN, said that the challenge bore fruit during Desert Shield/Desert Storm. "Because every dentists deployed to Fleet Marine Force (FMC) units had been provided

with Advanced Trauma Life Support (ATLS) and Advanced Cardiac Life Support (ACLS)," he explained, "they were able not only to provide dental support, but also knew how to suture, how to give an IV, how to bandage a limb and proved to be highly mobile."

The mission of the Navy Dental Corps continues to mandate combat casualty care, Waskewicz continued, "and naval Dental Corps officers complete an eight-day course that consists of ATLS certification, field medical training, skill developments" and a host of training exercises climaxed with



Navy Dental Corps personnel are part of the mobile dental unit that was attached to the First Marine Division during the Korean war, 1951. (Official U.S. Navy photo, courtesy of BUMED's Archives)

the completion of a mass casualty drill simulation.

"At Naval Hospital Oakland, dental readiness is currently at an outstanding 86 percentile," he said with pride, adding this figure is no mean feat since dental readiness for active-duty personnel overall is

recommended to be set at 80 percent.

The intensified combat readiness training is paying dividends now that peace has come to most of the Western world because it helps the Corps to meet its newest challenge of providing maximum quality

care with a reduced staff.

"All naval dental clinics are downsizing and we must utilize a composite of specialty care throughout the region for patient referrals," explained Waskewicz. "The Dental

Continued on page 4

Naval Reserve Force: Prouder than ever at 77 Weekend Reserve Same Day Surgery saves CHAMPUS dollars

By JO2 James D. Berry, USNR, Naval Reserve Readiness Command, Region Twenty

This article is published in honor of all the gallant reservists who have and continue to serve their country just as steadfastly, competently and quietly in time of peace as they have in time of conflict. It commemorates 77 years of dedicated service before and after the Naval Reserve Force was created by the 64th Congress on Aug. 29, 1916.

Naval Hospital Oakland's Reserve Weekend Same Day Surgery Program was established in 1989 "to provide surgery for eligible beneficiaries and save CHAMPUS [Civilian Health and Medical Program of the Uniform Services] dollars," according to CAPT Anne Gartner, NC, USNR, assistant director for the program. Staffed 95 percent by Navy and Army selected reservists and 5 percent active-duty staff physicians and residents, it has fulfilled its

promise to the utmost, saving the command \$519,544 as of June 1993.

CDR Fritzanna Jacobson, NC, USNR, director of the program, states: "We provide service to eligible patients who are unable to obtain surgical treatment during the week for reasons such as operating room back log or patient work schedule conflict.

"Patients are admitted to Ward Six South on the morning of their surgery and once their preparations for the procedure are completed, they are transported to the Operating Room on the Fourth Deck. After surgery, the patients are taken to the Post Anesthesia Care Unit (PACU), where they are monitored closely until they wake up or local anesthesia 'wears off.' Once released from the recovery room, they are returned to Six South for monitoring prior to release from the hospital."

On a recent Saturday morning SGT John Knox, from Fort Ord, Calif., was having local surgery done on his left hand to remove a bony growth.

"This morning we're going to take SGT Knox to the OR and do a little plastic surgery on his left hand," said Jacobson. "He previously had a procedure done here at NHO and has developed a bony growth on his left hand as a side effect of the procedure. Today we are going to remove that bony growth. It is a simple procedure of short duration, and it will make his hand look better. The feel and function of the hand will be better for him in the future."

Knox's vital signs were taken by a member of the unit,

Continued on page 5

Naval Dental Center San Francisco has new commander

CAPT G.H. Graf, DC, USN, assumed command of the Naval Dental Center San Francisco, relieving CAPT E.T. Rippert, DC, USN on Aug. 11. Guest speakers for the time honored tradition, which formally restate the continuity of command to the officers, men and women at the dental center, were RADM Ronald P. Morse, DC, USN, chief of the Navy Dental Corps and RADM Roger W. Thrifthauser, DC, USN, deputy assistant Pacific Fleet Dental Officer. Opening remarks were

made by RADM Merrill W. Ruck, USN, commander, Naval Base San Francisco.

CAPT Graf was the Force Dental Officer, Marine Forces, Pacific; CAPT Rippert is joining the Navy Medical Quality Institute in Bethesda, Md., as an instructor and advisor to the Navy Dental Corps on TQL issues and initiatives.

The Naval Dental Center San Francisco has nine branch clinics located in Northern California and Western Nevada.

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Oak Knoll Viewpoint

What's your favorite movie ever?

(Official U.S. Navy photo's by AA Kevin Cameron)

HA Anette Clendenin
9-South



"Aladdin" was the best movie I've ever seen.



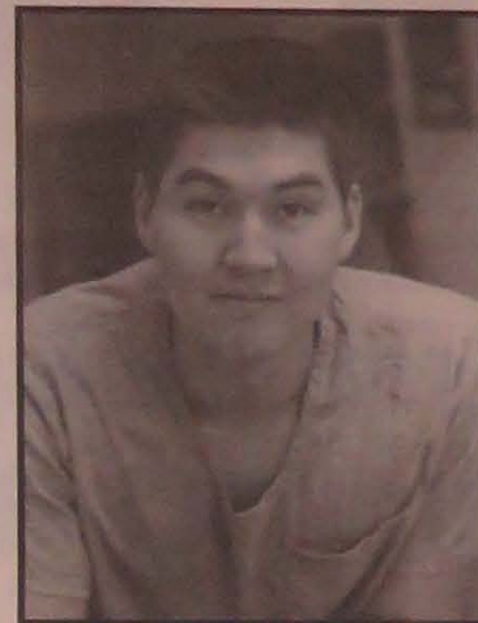
Lyla Esclamado
Orthopedics, 7-South

"An Affair to Remember" I just love old fashioned love-stories.

HN Hans Johnson
Mailroom



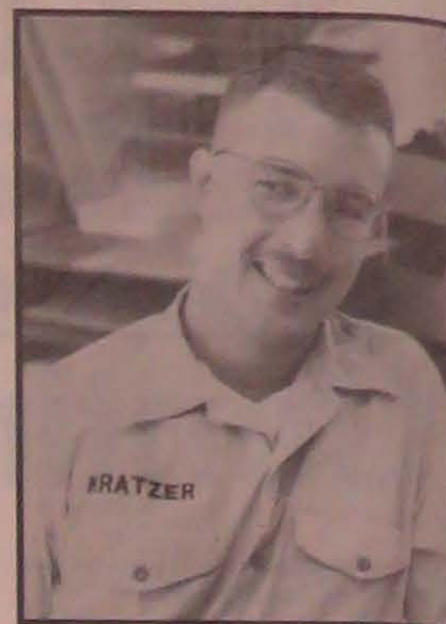
"Aliens" The suspense was incredible.



HN Rick Jenson
Orthopedics

"A Few Good Men" It had a touch of the Navy and Marine Corp. The acting was intense.

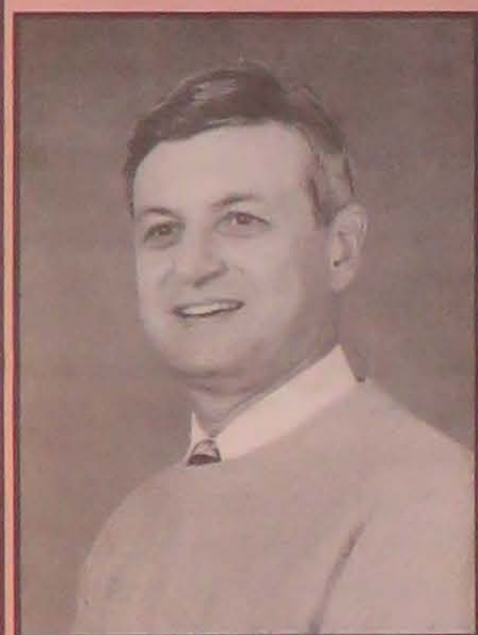
MM3 David Kratzer
Patient Admin



"The Punisher" It was great to see a comic book story brought to life in such dramatic style.

Guest editorial

Reflections for a summer day



Andre Khougaz

The warm days of summer invite us to enjoy the outdoors, to join others in picnics, walks in the park, by the seashore, etc. — all activities indicative of life both plentiful and beautiful.

Nature has been good to us in so many wonderful ways. We have received far more than the bare necessities of life: Food and shelter, safety and health. But there are other more special gifts as well. Each day with morning's first

light we are given new energy and fresh resolve to tackle the problems of the day. The problems that seemed insoluble yesterday are seen as opportunities for growth today.

There is always some small miracle of love waiting for us here at Naval Hospital Oakland if we look for it: The smile of a patient in a waiting area, the laughter of a child running by the Pediatric Clinic, the warm compliment of a fellow worker, the chance reunion with an old colleague, the sound of our lovely national anthem in the morning at the raising of the Flag. Who dares to say that God only sent the bread of heaven to ancient peoples? Heavenly miracles surround us everywhere if only we care to look for them.

So grateful we are for every good thing that comes our way!

(Andre Khougaz is patient contact representative for Outpatient Surgery Clinic).

Ceremonial Honor Unit established

The command is establishing a volunteer Honor Unit. The first performance for the unit will be the Change-of-Command ceremony on Aug. 23.

According to HM1 L. B. Reese, the leading petty officer of the Honor Unit, the command is hoping to assemble a pool of members to make two teams, each made up of two color bearers, two rifle bearers and one vocalist, with an alternate rifle and color bearer. Volunteers must be available to serve after working hours.

"Members of the unit must be able to serve a minimum of six months," he said. "However, there's no limit to the amount of time of service. For example, a service member who is here for a two-year tour could serve for the entire duration of that tour."

Reese added that, for the Change-of-Command ceremony, the unit is looking for one additional color bearer (E-4), two rifle bearers (E-1 to E-3) and one vocalist (E-1 to E-5).

In order to apply for membership, volunteers must meet the following guidelines:

- * An "outstanding" personal appearance and military bearing.

- * Overall documented performance evaluation rating of at least 3.8.

- * No record of non-judicial punishment or adverse performance for one year prior to application and throughout the period of assignment to the unit.

- * Meet the Navy's overall physical readiness standards.

- * Must be capable of withstanding prolonged periods of marching/drilling and/or standing.

- * Special request chits (NAVPERS 1336/3) must be successfully screened by applicant's leading petty officer

and department head, the Honor Unit leading petty officer and the Honor Unit officer-in-charge, the command master chief.

Time did not permit to assemble more than one team to serve for the Change-of-Command ceremony. However, after that event, the unit will be extended to approximately 12 members. Points of contact for application and more information are: HM1 L.B. Reese of the Surgical Nursing Department, the LPO of the Honor Unit, and HM3 M. Taylor of 7 West, the assistant LPO of the Honor Unit. They can be reached at, respectively, 510/633-5066 (Pager: 810-2516) and 510/633-5026, 5027. (AMW)

Navy announces 3,180 new chief petty officers

WASHINGTON (NNS) — With an eye to the Navy's future, the FY-94 selection board for chief petty officers selected 3,180 first class petty officers for advancement.

Overall advancement opportunity to chief petty officer was 11 percent, down just one percent from the last year. The board considered over 28,000 records during the selection process.

Meeting at the Bureau of Naval Personnel (BUPERS) for the past four weeks under the direction of Board President CAPT Terry E. Magee, the board was comprised of 26 officers and 59 master chiefs.

"Every rating had some advancement opportunity," said STGCS(SW) Junie Archer,

assistant surface enlisted community manager at BUPERS. "No rating had zero advancement."

Some advancement opportunities were smaller than in previous years; while others continue to maintain excellent opportunities. Ratings such as aviation boatswain's mate and gas turbine technician-electrical had advancement opportunities as high as 30 percent. "Sustained, hard charging performance continues to be the key to advancement," said Archer. "Those sailors who keep seeking the challenging jobs are those who continue to see advancements."

Personnel officials noted that advancement opportunities are expected to improve if the pace of force reductions slows as presently predicted.

Red Rover

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Bertha Paul

Civilian of the Quarter

By AA Kevin Cameron

"I was shocked," said Naval Hospital Oakland's Civilian of the Quarter Bertha Paul.

However, anyone who has seen Paul at work in Quality Assurance, can testify that it wasn't a surprise to them.

After 20 years service to Naval Hospital Oakland, it's only fitting that Paul accept credit for the huge strides that have been made in the Utilization Review Program (URP). She started working for the government in 1965 and continues as if there is no end in sight. "Through constant development, anyone can continue to rise and achieve goals thought to be unrealistic," she insisted.

In the Kokomo, Indiana native's efforts to succeed, she has accumulated numerous training certificates and a bachelor's degree in Health Service Administration. She is especially proud of being one of the first certified adult health nurse practitioners who assisted the Navy in the care of hypertension patients in the 1970's. Training, seminars, classes... it all helps her to achieve goals for herself and NHO. "Now that I am a part of

Utilization Review, I want to help the hospital become more efficient in the admission and discharge of patients," she said.

Her work with "Utilization Review Case Management" is a final realization to Paul that military medicine can be equally as efficient as civilian care. The Economic Grand Rounds initiated last year, helped physicians and nurses become aware of the cost of patient care at NHO. "It's simply a matter of ordering necessary procedures and not those that are good to do since the patient is in the hospital," she said. "Bottom line is to decrease patient cost and still improve patient care."

Paul has proven instrumental in collection of third party payment. Many times, she has called the patient's insurance company in an effort to justify continued hospitalization. "Most insurance companies will only pay for a predetermined number of days for diagnosis and procedure," she said. "When I call, I can provide that clinical data which will usually approve additional days." Although this extra effort is important, this is only a small portion of Paul's challenges.

The Civilian of the Quarter



Naval Hospital Oakland's Mrs. Bertha Paul, displays her Utilization Review Certificate. (Official U.S. Navy photo by AA Kevin Cameron)

says she thrives on challenges. The greatest challenge for her today is to get the retired and dependent population to accept their responsibility in taking charge of their own care. "I mean that if younger patients are fortunate enough to have insurance, they should expect to be managed medically as if they were in the community setting. This change in philosophy will allow those less

fortunate patients (usually older) to use the declining resources of military medicine," she said.

"It is very difficult to change old conceptions of military health care entitlements," she asserted. "My involvement in the East Bay Utilization Review Coordinators, Inc., Equal Employment Opportunity and Federal Managers Association has provided me with the fortitude to accept the challenges that we will all face in

the future. Of course, I cannot forget the support I have never doubted from my husband of 37 years, Rollie, and my two sons, Robert and Reginald."

"Civilian of the Quarter, is one of those pleasant surprises most employees dream about. But to receive is twice in your career is incredible. I love my work and NHO, and this recognition is something I will always cherish," she concluded.

Navy announces eligibility for 15-year retirement program

WASHINGTON (NNS) — Commanders with at least two years' time in grade, lieutenant commanders passed over for promotion to commander, and senior chief and master chief petty officers in 6 overmanned ratings will be eligible for the new 15-plus year retirement program recently approved by the Department of Defense.

Authorized by Congress as a short-term program to help the armed services reduce in size, the temporary early retirement authority, abbreviated TERA, permits the services to retire selected military personnel who have between 15 and 20 years of service. They receive full retirement benefits but a somewhat smaller monthly payment, depending on total years of service.

According to VADM R. J. Zlatoper, Chief of Naval Personnel, the Navy's plans for TERA in FY-94 primarily focus on the officer ranks. This reflects the accelerated manpower reduction requirements in the amended FY-94 budget.

The Navy is planning to draw down to an active-duty end strength of 480,800 by the end of FY-94 (Sept. 30, 1994) compared to earlier plans for 516,000. VADM Zlatoper said the planned 4,200 reduction in the officer corps is most difficult to achieve given the long lead time of most commissioning programs, legal requirements affecting separations and promotions and statutory controls on the numbers of senior officers permitted as a percentage of total force.

Authority for early retirements gives the Navy a means to make significant additional reductions necessary in FY-94 while continuing to offer retirement benefits to lieutenant commanders who have twice or more failed of selection

(FOS). As a matter of policy (not law), the Navy has permitted most of these officers to continue serving on active duty until they became eligible for retirement, normally at 20 years.

Some other career Navy personnel will be asked to retire under TERA if they meet certain criteria. These include Nurse Corps lieutenants previously continued on active duty who have 15 to 20 years of service, and personnel on permanent limited duty with less than 30 percent disability and between 15 and 20 years of service.

Those eligible for TERA on a purely voluntary basis include:

— Chief warrant officers (CWO2/3/4) with between 17 and 20 years of service, at least three years' commissioned service and two years time-in-grade.

— Limited duty officer lieutenants with between 17 and 20 years of service, at least eight years' commissioned service and two years time-in-grade.

— Once passed-over lieutenant commanders (with some exceptions, such as doctors and dentists, who are not eligible).

— Commanders who have two years time-in-grade (with some exceptions).

— Senior and master chief petty officers in certain skill areas, and with 17 to 20 years of service. Additionally, E-8's and E-9's serving in non-nuclear ratings with 15 years of service are eligible if they are assigned to a unit scheduled to decommission in FY-94 and if they are not under orders.

The number of early retirements that will be approved by the Navy for FY-94 is limited by available funding to approximately 2,000. Most of these quotas will be for lieutenant commanders and other officers. As

VADM Zlatoper explained in NAVADMIN 110/93 on FY-94 officer continuation policy, the ability to make officer cuts through other means is nearly exhausted. "We cannot meet these new loss requirements and maintain readiness using selective early retirements, involuntary release of some reserve officers, release of some probationary officers, use of the Voluntary Separation Incentive (VSI) and Special Separation Benefit (SSB) with its Congressional imposed limitations, and voluntary resignations and releases alone," explained VADM Zlatoper.

VADM Zlatoper said that the 15-year retirement authority gives the Navy a means to make significant additional reductions necessary in FY-94, while continuing to give retirement benefits to passed over lieutenant commanders, as well as continuing the Navy's policy not to force out career officers who are not retirement eligible.

"This policy change, like both the enlisted and officer selective early retirement (SER) programs, was not undertaken lightly," explained the admiral. "The affected officers have served with distinction, filling valid requirements throughout the Navy." He noted that the Bureau of Naval Personnel (BUPERS) is contacting each officer personally, giving more than a year's notice before retirement is required on Sept. 1, 1994.

Use of TERA in the enlisted ranks will be limited to what VADM Zlatoper called "force shaping" — trimming paygrades and specialties that are overmanned. The E-8's and E-9's eligible to volunteer for early retirement are basically the same group previously eligible to apply for the Voluntary Separation Incentive (VSI) and the Special

Separation Benefit (SSB).

Those who have applied for VSI or SSB can cancel that request and apply for TERA instead. If not accepted for early retirement, the original request for VSI or SSB will be reinstated if the individual desires.

Detailed information on eligibility and application procedures are in NAVADMIN 111/93. The message also explains how retired pay is calculated under TERA, including the reduction factor legislated by Congress. The table below gives approximations of the monthly pay for eligible Navy personnel.

Note: O-1E, O-2E, O-3E indicates officers with more than four years' active duty as enlisted or warrant.

Those who retire or transfer to the

between the separation date and the date an individual normally would have reached 20 years of military service.

TERA participants also will qualify for the full range of transition assistance services and benefits available through Navy Family Service Centers.

The number of voluntary early retirements that will be approved for FY-94 is limited by available funding to less than 2,000. BUPERS is advising eligible personnel to consider TERA carefully and apply early if interested. TERA participants will retire or transfer to the Fleet Reserve between October 1993 and September 1994.

FY-94 TERA eligibility for

Estimated Early Retirement Monthly Pay

Yrs of Service	15	16	17	18	19	20
E-9	909.15	1003.20	1076.70	1177.96	1255.32	1361.00
E-8	790.40	874.56	937.99	1027.04	1094.94	1193.00
W-4	1045.00	1166.40	1251.30	1374.94	1466.19	1609.00
W-3	913.90	1014.72	1089.31	1201.48	1281.06	1416.00
W-2	820.80	915.84	982.61	1085.84	1158.30	1270.00
O-3E	1212.20	1306.56	1402.62	1500.38	1599.84	1701.00
O-2E	1026.00	1105.92	1187.28	1270.08	1354.32	1440.00
O-1E	868.30	936.00	1003.95	1074.08	1145.43	1218.00
O-5	1363.25	1579.20	1695.56	1916.88	2044.35	2240.00
O-4	1287.25	1448.64	1554.91	1709.12	1822.59	1938.00
O-3	1194.15	1287.36	1382.25	1478.82	1576.08	1676.00

Fleet Reserve under TERA will have the opportunity to accrue increased retirement credits if they work in public or community service after leaving the Navy. This would include occupations in education, law enforcement, public safety and health care, other social services and environmental conservation. Credit is earned for this employment only

TAR (Training and Administration of Reserves) personnel is under review. Whether TERA will be offered to any Navy personnel again in FY-95 will depend on reduction requirements, retention, funding and other factors. Congressional authority to offer retirement short of 20 years expires in September 1995.

Dental corner

Johnny "TKOs" a tooth

WASHINGTON (NES) — When Johnny got a new bike for his birthday, he couldn't wait to take it out for a spin. In his excitement, he didn't see the pothole that flipped him head-over-heels and sent him sprawling on his chin and hands. The force of impact knocked out one of his front teeth. He picked it up, and went home to show Mom. Fortunately, she knew exactly what to do. Would you?

Traumatic injury or loss of a tooth can happen to a child at any age, and the results can carry psychological impact. Mouth injuries tend to be painful, bleed profusely and in the long term, the child's appearance may become less attractive, targeting him/her for teasing and ridicule by other children.

Boys are twice as likely as girls to fracture a permanent front tooth, and age 10 appears to be the likeliest time for this



type of injury. It is difficult to impress upon children how important it is to protect their teeth, and they need to know what to do in a dental emergency.

Traumatic tooth loss is a true dental emergency because time is of the utmost importance. The shorter the time from injury to treatment, the more favorable the result.

The term "tooth fracture" can mean anything from an enamel chip to a tooth knocked completely out of the mouth. The classification determines the treatment. A thorough history of the injury is very important, along with clinical tests to determine the vitality of the involved teeth and related structures.

In cases like Johnny's,

Boys are twice as likely as girls to fracture a permanent front tooth...

where the tooth is completely displaced, the tooth should be replanted in its socket and immobilized as soon as possible. Investigators report that when a tooth is out of its socket for less than 30 minutes, replantation is 90 percent successful; 30 to 90 minutes, success measured 43 percent; more than 90 minutes, success drops to only 7 percent. The best way to transport a tooth to the dental office is in a glass of milk. Johnny's mom knew this and was able to improve the tooth's prognosis dramatically.

For the enamel chip, the dentist may "bond" an adhesive to the tooth for temporary protection. If the fracture is

close to the pulp (nerve), a root canal may be necessary. Follow-ups are very important in order to improve the prognosis.

If the tooth is fractured to a degree that it doesn't respond favorably to treatment or if it is too seriously fractured to prevent proper restoration, extraction is necessary.

In mature teeth, trauma may result in a fracture to the jaw bone. Treatment depends on the fracture location. The dentist may reposition the tooth and immobilize it, using the neighboring teeth as a splint—allowing for extra healing. The healing may take months or years. Again, follow-up is very important. (Courtesy of the Coastal Courier)

Dental Corps 81st anniversary...continued from page one

Department has always strived to do more with less, and it may become a more formidable task."

Although the Dental Corps was formally established in 1912, its history harks back to 1844, when Edward Maynard, a former West Point cadet-turned-dentist because of a physical disability, spearheaded a campaign for the establishment of military dentistry.

In the 81 years since it was founded, the Navy Dental Corps has gained in stature as well as numbers.

According to the Dental Corps of the United States Navy Chronology published in 1962 by the Bureau of Medicine and Surgery (BUMED), Maynard's efforts were rewarded when, in 1873, Dr. Thomas A. Walton, a graduate of Baltimore College of Dentistry, became the first dentist to serve as a naval officer. He was appointed "...acting assistant surgeon, as a volunteer officer, to serve in the Medical Department of the United States Naval Academy."

It wasn't until 1945, however, that the Dental Corps became fully autonomous, when Congress approved Public Law 79-284 on Dec. 28. The law was implemented in June 1946 by ALNAV (All Navy) 343.

There have been many other "first" recorded in the annals of the Dental Corps. For example,



A walk back through the history of U.S. Navy Dental Corps found these members of a field dental unit attached to the First Brigade, U.S. Marine Corps, in Mirabalais, Haiti, in December 1920. (Official U.S. Navy photo, courtesy of BUMED's Archives)



This set of antique dental instruments was first used in Kentucky in 1853 by Dr. Alvin Fox Merriman, Sr., who brought them to Oakland in 1879. The instruments found their way to Oak Knoll after they were donated by Dr. Alvin Fox Merriman, Jr. in 1939. (Official U.S. Navy photo, courtesy of Oak Knoll's Archives)

in 1913, the first Navy dentist to serve aboard ship reported to the USS Solace; in June 1918, the first naval officer to die during World War I was awarded the Medal of Honor.

But it wasn't until 1944 that the first woman was appointed to the Dental Corps — LT (later CDR) Sara G. Krout, who retained her commission in the Naval Reserve until her retirement on Dec. 1, 1961.

Since then, the number of female Dental Corps officers has grown to 178 as of July 30, 1993, according to Liz Lavalley, spokesperson for BUMED's Public Affairs Department. Comparing this figure to the 1,523 total number of officers reported by Lavalley, to date the rate of female Navy

dentists has grown to 11 percent.

The percentage is higher at Naval Hospital Oakland; according to Dental Department head, CAPT Michael Mullen, DC, USN, his staff includes 13 dental officers, two of whom are women — a proportion of 15 percent.

In the 81 years since it was founded, the Navy Dental Corps has gained in stature as well as numbers. Its members can be proud of their heritage and can look forward with optimism to a very positive future. In the words of Waskewicz, "the leadership of mid level and senior officers continues to excel while the competition of new dentists entering the Navy is very keen, and this means that the Corps is receiving 'the cream of the crop' from the dental schools."

Civilian Employee Assistance Program

What is the CEAP?

The CEAP is a service which provides counseling and consultation to employees and their families. The service is staffed by licensed counselors who specialize in assisting working people in the resolution of personal, family, marital and substance abuse problems. Once the problem is clearly understood, the counselor will assist the employee and / or family member in obtaining whatever treatment or assistance that is needed to resolve the problem.

Why?

No one has all the answers. When a personal or family problem is interfering with your life or work situation, the CEAP

is a professional resource that may be able to help. Your employer recognizes that a few sessions with a skilled counselor may be a big help to you in solving those problems. Alcohol, drug, marital, family and personal problems don't get better on their own. The CEAP can help you to find a solution!

Counseling? With whom?

Psychology Systems, Inc. is an organization that specializes in providing employee assistance programs. The staff is composed of panel providers which are psychiatrists, psychologists, clinical social workers and marriage, family and child counselors. Counseling is available off-site in private counseling offices.

Day, evening and Saturday appointments are available. Panel providers are available in every major city in California and throughout the United States.

What kind of services?

Psychology Systems offers professional, confidential help in dealing with personal and emotional problems, including:

- * Work and personal-related stress
- * Burnout
- * Parenting issues
- * Marital and family issues
- * Drug and alcohol dependency
- * Crisis intervention

Is the CEAP private?

All contact between

employees and CEAP is strictly confidential. No one is advised regarding who uses the program. Your personal matters will not be disclosed to anyone, except at your written request.

How much does it cost?

There is no cost for the CEAP Assessment Counseling. You can meet with the counselor up to four times for this service. Referrals are made to community treatment resources which are covered by your medical plan or offer services on an "ability to pay" basis, or offer free services.

Who pays for the CEAP?

The services of the CEAP are prepaid by your employer. Your employer is genuinely

concerned about your welfare and that of other employees. Your employer also recognized that the employee with a personal or family problem is not an effective employee. Therefore, this program is an investment in the quality of work life for all employees. It is sincerely hoped that employees with personal or family problems will make use of the services.

How do I request help?

Call 1-800-998-8448. The help line is available 24 hours per day for emergencies. The program staff will schedule an appointment for you at the on-site office or refer you to a CEAP counselor in your home community.

Navy Institute and Kodak: Photo contest

Annapolis, Md. July 19, 1993—The U.S. Naval Institute and Eastman Kodak Company have announced that entries are being accepted for the 32nd Annual Naval and Maritime Photo Contest.

Kodak's cosponsorship, now in its eighth year, has

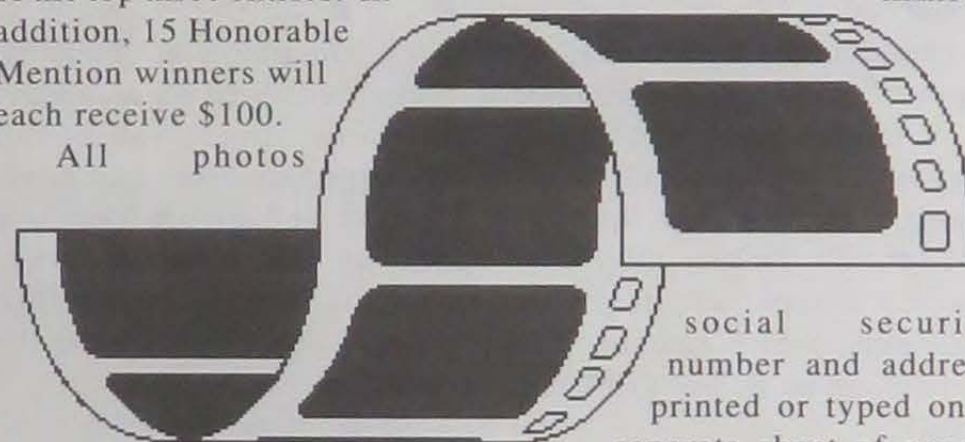
enabled the Naval Institute to award more and larger prizes and publish photographs on the high quality paper they deserve in *Proceedings*, the monthly magazine of the Naval Institute.

The contest is open to both amateur and professional photographers. Cash prizes of

\$500, \$350 and \$250 will be awarded to the photographers of the top three entries. In addition, 15 Honorable Mention winners will each receive \$100.

All photos

must include a caption and a photographer's name, telephone number,



social security number and address printed or typed on a separate sheet of paper.

The minimum acceptable print size is 5" X 7". Transparencies must be in 35 mm format. Photos are not limited to those taken during this calendar year.

However, there is a limit of five entries per person. Entries must be received on or before Dec. 31, 1993. The winning photos will be published in the April 1994 issue of *Proceedings*. Some photographs not awarded prizes may not be returned unless accompanied by a stamped self addressed envelope.

All entries should be mailed to:

Naval and Maritime Photo Contest, U.S. Naval Institute, 118 Maryland Avenue, Annapolis, Maryland 21402-5035.

HIV and you!

By LCDR Catherine Wilson, NC, USN

BUMED WASHINGTON (NSMN)—In the United States, infection with the human immunodeficiency virus (HIV) has increased to the point where it is now a leading cause of death in children between the ages of 1 and 4. This increase in children is primarily due to the rise of HIV infection in women of child bearing age. According to the Center for Disease Control and Prevention in Atlanta, 85 percent of acquired immunodeficiency syndrome (AIDS) pediatric cases, defined as children less than 13 years of age, are due to maternal transmission. Children of color account for 79 percent of all pediatric cases.

Education, services and support should be available to all children. They need information about HIV because many have a natural curiosity about the world around them, and most have heard of HIV or AIDS. They have questions about HIV, just as they do about other subjects, and need accurate information. Education should be geared toward their developmental needs and cognitive abilities.

Children may have anxiety about contracting HIV or worry that parents or other family members will become ill. This is especially true if family members are engaging in risky behaviors. Children with HIV-infected parents, siblings or other family members need compassion and understanding from peers, teachers and others. Children who have appropriate information about HIV are less

likely to tease or criticize someone who is directly affected by HIV infection. HIV education can lay the groundwork to help children and parents avoid harmful or negative reactions in communities, schools and neighborhoods.

The best way to decrease the risk of HIV infection in infants is to educate adults, especially women of childbearing age who engage in high-risk behaviors. Counseling should be available to high-risk couples who are thinking about having a baby. Couples need to examine past behaviors and determine if they are at risk for HIV. If so, HIV testing is recommended prior to pregnancy.

Children face a potential risk of exposure to sexually transmitted diseases, including HIV, through molestation by an adult or adolescent. Children need to be taught how to recognize potentially abusive situations, to trust their feelings and to report concerns to a trusted adult. In addition, parents, teachers and other adults who are in regular contact with children need to learn to recognize behaviors in children that indicate possible abuse and learn to create an environment in which children will be more likely to report abuse.

Drug prevention programs that start in elementary school can also serve to reduce the risk of HIV infection in children.

For more information or to become a Navy HIV instructor, call the Navy Medical HIV Program at DSN 295-0048 or (301) 295-0048.

(Wilson is the surgeon general's representative for HIV education policy)

submitted for the contest must pertain to a naval or maritime subject and may be either black and white prints, color prints or color transparencies. Entries

Naval Reserve Force...continued from page one

and then he was wheeled off to pre-op, where he was introduced to CAPT Martha Rusnak, NC, USNR, a selected reservist nurse anesthetist from Sacramento.

CAPT Rusnak, 1st Lt. Carol Clark, NC, USAR and LTJG Marjorie Siegel, NC, USNR, prepared Knox for his surgery. At that point, Knox met the active-duty plastic surgeon, LCDR Amy Wandel, MC, USN, and then was wheeled into surgery. With precision the bony growth was removed from the sergeant's left hand.

After surgery, the patient was taken to the recovery room, where PACU's nurse, LCDR Debra Smith, NC, USNR, was standing by. "Essentially, what we do here is wake up the patient, making sure he is breathing OK, pain free and everything is back to normal," she said. "In the recovery room we have monitors, blood pressure cuffs and high flow oxygen masks. We also have what the technicians call a "bear hugger," an inflatable blanket used to keep the patient warm."

By the end of the day, Knox was on his way home to Fort Ord. Throughout the entire hospitalization, the Knox family received top quality care from top quality people.

Participating in the surgery were: Lt. Col. Emily Sorrell, NC, USAR, LTJG Siegel, HM2 Leah Roper, HM2 Howard Wagner and HN Philippe Ballaire.

The staffing for the Reserve



SGT Knox is being operated on by Reserve medical personnel at Naval Hospital Oakland. (Official U.S. Navy photo)

Weekend Surgery Program consists of Medical Corps and Nurse Corps officers, as well as hospital corpsmen who work in the clinical areas of the OR, PACU and SDS Ward. The active-duty

staffing consists of staff physicians and residents from General Surgery, Plastic and Orthopaedics Department. Also onboard are residents from Anesthesia and ENT Departments.

Chaplain Corner

Every cloud has a silver lining

By LT Francis E. Walsh, CHC, USN

Daily, through television, radio, newspapers and through our own personal experience, especially as personnel in a hospital, we are painfully aware of the extent and intensity of human suffering. The question of why suffering exists continues to remain a mystery despite continuing efforts to find an answer down throughout human history.

While there may not be a satisfactory answer to the why of human suffering, I am concerned that people find meaning to life even in the midst of suffering. To suggest how this may be possible may also be well nigh impossible to do.

Without faith, a belief in an omnipotent and all good and loving God and a personal living relationship with him, it is extremely difficult for one to find purpose in life, especially if one is overwhelmed with suffering. He spoke very aptly who said, "Without faith no explanation is possible; with faith no explanation is necessary."

Some purely rational observations, however, may lend support to the view that we can always find meaning and purpose even in the midst of suffering. Some philosophers have defined evil as the absence of good. This implies that good must exist for its absence, or evil, to be recognized. If one has had no experience of light, how could one be aware of

darkness? In fact, artists will use darkness to enhance the beauty of light. A diamond sparkles more brilliantly when placed upon a dark surface. The dark surface has a beauty as well because of the presence of the diamond.

Even without the acuity of vision that faith gives, one who is truly perceptive with the faculties possessed by all human beings can always see good in all situations. The 19th Century English poet, Gerald Manley Hopkins, expressed this beautifully in the following verses:

"Sheer plod makes plough down sillion shine
And blue bleak embers, ah my dear, fall, gall,
An gash themselves gold vermillion."

Religious Services

Catholic Mass	Mon-Fri Sunday	Noon 8:30 a.m.-Noon
Christian Fellowship	Wednesday	11 a.m.
Christian Communion	Friday	11 a.m.
Protestant Worship	Sunday	10:30 a.m.

All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561. All services meet in the Chapel of Hope, third deck, Bldg. 500. Information for worship services for all faith groups is available at (510) 633-5561.

The same truth, perhaps more familiarly stated and certainly more simply, is expressed in the following ditty:
"Two men looked through prison bars.

One saw only mud, And the other saw stars.
There is a lot of mud in life, but there are also stars which shine on the mud as well as the placid waters of a beautiful lake.

Safe diving can help prevent diving accidents

Safe diving habits can help prevent unnecessary diving accidents, says National Swimming Pool Safety Committee (NSPSC). The NSPSC urges swimmers to dive only into the deep end of a pool. Swimmers must never dive into the shallow end of a pool or into an aboveground pool.

Safe diving habits can prevent accidents which occur when swimmers hit the bottom of a pool, resulting in severe spinal cord injury and paralysis. The old adage "Look before you leap" is still as valid as ever. Many recreational swimmers are seriously injured each year

as a result of diving into shallow areas of lakes, ponds, streams or swimming pools. The typical victim of a diving accident is a young male, between the ages of 13 and 33. Statistically, more than 50 percent of all diving accidents involve alcohol. The conclusion is: do not drink and dive!

Lester Kowalsky, chairman of the NSPSC Steering Committee says, "We want everyone to enjoy swimming and diving, but to remember some simple important safety tips." Exercising safe and responsible diving habits such as checking the depth of the

water, steering your body up when entering the water, always checking the water for submerged objects and never drinking and diving can help prevent these unnecessary accidents. The basic rule is this, "if you don't know what the conditions are, don't dive."

"Operation Water Watch" is a national effort sponsored by the NSPSC to prevent diving accidents and provide water safety information through proper education.

Learning how to dive properly is as important as learning how to swim. For proper diving instruction,

contact your local YMCA, Red Cross or area schools. Remember, look before you leap, and dive safely.

For free water safety information and safe diving tips, call 1-800-323-3996.

The typical victim of a diving accident is a young male, between the ages of 13 and 33.

Recreational Diving Do's and Don'ts

As part of Operation Water Watch, the National Swimming Pool Safety Committee offers divers and parents of children who may dive the following safety advice:

Do's

Do know the depth of the water and make sure it is sufficient for your dive.

Do plan your dive path. Make sure there are at least 20 feet of clear water ahead.

Do be sure there are no submerged or floating obstacles,

such as other swimmers, inner tubes or floats, rocks, tree branches, etc., in the water.

Do remember to steer your body upwards as you dive. Keep your head up and your arms extended over your head. Steer up with your hands once you enter the water.

Do keep your dives simple.

Do take diving lessons from a qualified instructor.

Do post "No diving" signs at your aboveground pool.

Don'ts

Don't dive into the shallow end of the pool or into shallow water.

Don't dive into an aboveground pool.

Don't drink and dive.

Don't attempt any fancy or competitive-style dives in residential pools.

Don't try to dive through an inner tube or other water toy.

Don't push or throw anyone into the water.

Don't dive off the side of a diving board, slide, or other pool equipment.

Don't slide head first down a pool slide.

Don't forget to be careful, and have fun!

For free diving safety information from the National Spa and Pool Institute, call 1-800-323-3996.

Suturing class with a special touch

By CDR Janice Stinson, NC, USNR

On March 7, 1993, 30 members of Navy Reserves

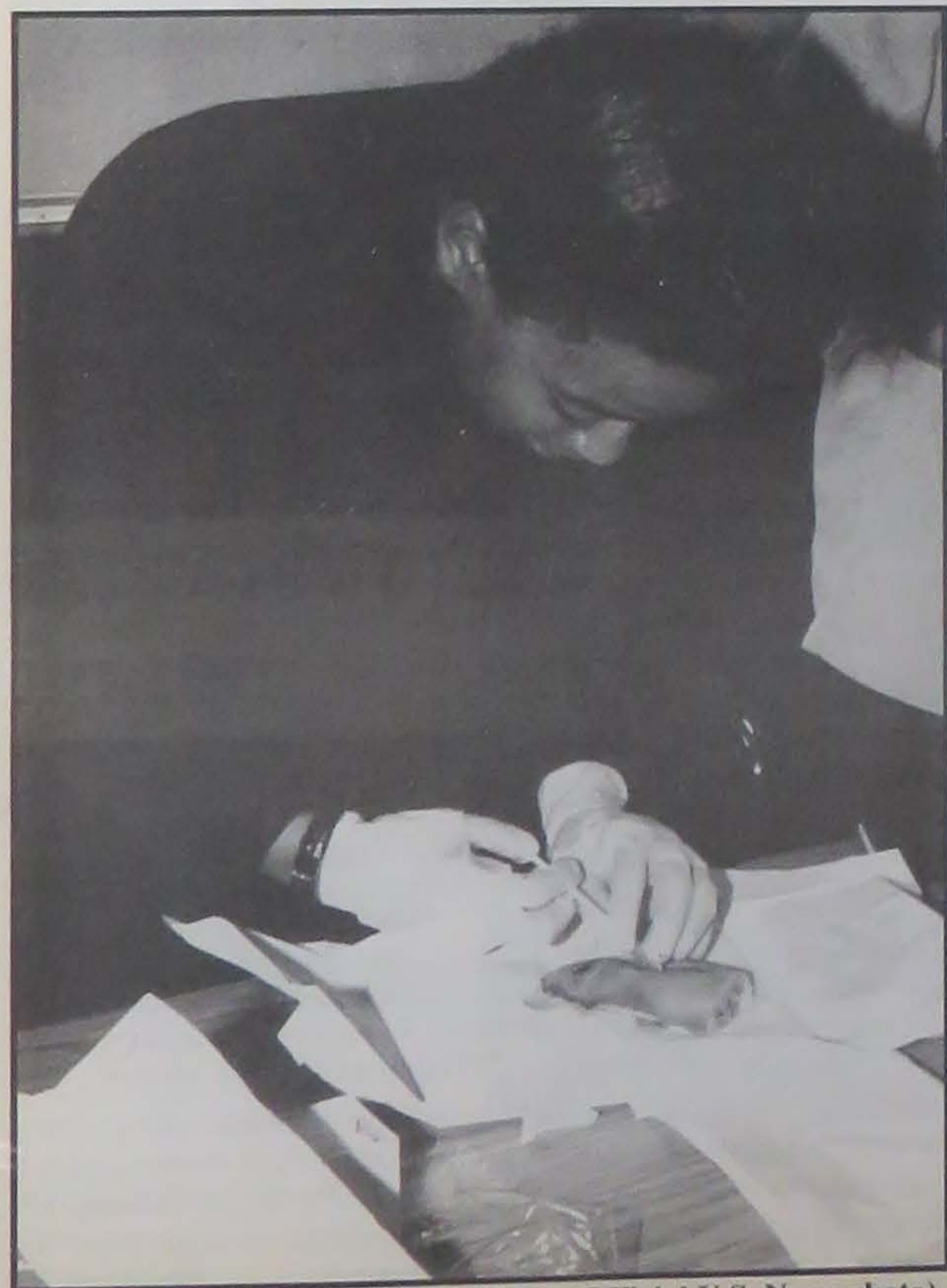
from Naval Hospital Oakland (NHO) 420 and Navy Reserves Naval Dental Clinic (NDCL) Camp Pendleton 120, both based at Naval Reserve Center, Mare

Island, participated in a hands-on suturing class held at Mare Island Branch Medical Clinic. CAPT Byington, MC, USNR of a San Rafael Marine Support Unit, instructed corpsmen, nurses and dental technicians in a didactic, (instructional) and practical suture class. The unique aspect of this class was the use of pig's feet in a return demonstration of skills learned in the class.

LT James Jackson, MSC, USNR and LCDR Rebecca Buccini, NC, USNR, training officers of NHO 420 coordinated the acquisition of supplies for this class. This involved several suture sets obtained from both civilian and military sources and, of course, the pig's feet from a local civilian market.

"The use of pig's feet is an inexpensive way of providing a near perfect simulation of human skin," said CAPT Byington.

The medical personnel were able to practice for over two hours, beginning with sterile gloves, local anesthesia infusion and the actual suturing using various types of suture material. All personnel were able to attain close practical instruction as physicians and dentists in both units assisted CAPT Byington in actual hands-on techniques.



Reservists learn by utilizing pig's feet. (Official U.S. Navy photo)

Patient Appointment System

To schedule and cancel all clinic appointments, call (510) 633-6000, Monday through Friday, from 8 a.m. to 4:30 p.m. No more busy signals!!!! Speak directly with an appointment clerk.

Orthopaedic Surgery Dept. Resident Research Day

Each year the Orthopaedic Surgery Department hosts Resident Research Day, a program for its residents to present and discuss the research they've made for the past year. "In conjunction with the program, we invite a distinguished visiting professor of national repute to come and listen to the program, critique it, participate as a presenter and select the outstanding paper," said the department's chairperson, CAPT A. H. Alexander, MC, USN.

This year's guest was Robert W. Bucholz, M.D., a professor of Orthopaedic Surgery since 1977 at the University of Texas Southwestern Medical School and chairman of the department since 1989. His own contribution to the program was entitled "New Biomaterials in Orthopaedic Trauma."

Bucholz listened to 13 presentations and gave the outstanding award to LCDR Francis X. McGuigan, MC, USNR, for his

research entitled, "Outcome Analysis Following Total Hip Arthroplasty." According to the program, the purpose of the research was to create a reliable, valid and sensitive questionnaire which, unlike current popular surveys, specifically evaluates the social and economic impact of total hip arthroplasty (replacement).

"For the last 10 years I've been going around different academic centers — mostly non military — around the country," said Bucholz, "and I can tell you that the papers who were presented today compare favorably with any program that I visited...They were of outstanding quality, they were excellently presented."

McGuigan has been a resident at Naval Hospital Oakland for the past four years. He did the research with under the supervision of Chief, Adult Reconstructive Surgery, LCDR P. F. Sharkey, MC, USNR. (AMW)



Dr. Robert Bucholz (left) shakes hands with LCDR Francis McGuigan, the Orthopaedic resident he selected as best presenter, as Chairman CAPT A.H. Alexander smiles with satisfaction. (Official U.S. Navy photo by Andree Marechal-Workman)

Chores: good for the household and good for the child

WASHINGTON (NES)...One way we tick off the passing years as our children grow is by a special celebration of each birthday. But each fall, when children begin a new grade level in school, there is tangible proof that the child is growing and maturing. There is no better time to assess (or reassess) a child's responsibilities within the household.

Household chores raise children's awareness of their valuable role in the family. Being accountable for chores can help children to become self-motivated, learn time management skills and develop a sense of responsibility. Children learn that some tasks are done for the good of the entire family, and not just for themselves.

Their contribution, along with praise from their parents, enhances

their security and self-esteem. Here are some suggestions for age-appropriate assignments:

Age 3: This is a good age to begin assigning chores to children. Three-year-old children want to imitate and get involved in what their parents are doing. As much as possible, make the chores routine (for example, picking up toys every evening before the bedtime story). A few chores assigned at this cooperative age can set the stage for increasing responsibility as the child grows older.

Age 4 to 6: Children of this age should be responsible for keeping their rooms orderly, and also for one or two other chores in the common areas of the house. Six-year-

old children can learn to vacuum their rooms.

Ages 7 and 8: Children should be responsible for the daily upkeep of their bedroom, and for a more in-depth cleaning of these areas once a week. Collecting trash, dusting the living room and putting away their own clean laundry are other chores around the home that are well suited to this age.

Age 9 and 10: Children should contribute 45 minutes of "chore-time" to the family on a daily basis. Typical chores at this age are: straightening their rooms, feeding pets, unloading the dishwasher, setting the table, clearing the table and taking out the garbage.

Age 12: By this age every child, male and female, should

adults of this age should be well practiced in picking up after themselves and caring for their own belongings. They should also be able to cook meals and do laundry or any other necessary household chores.

Be very clear and consistent about appropriate consequences if chores are not done, and even more important, be generous with your praise and encouragement. (Courtesy of The Dolphin, NavSubBase New London, Conn.)

be able to vacuum, dust furniture, clean the kitchen, do dishes and do basic house and yard maintenance.

Your Chores
Clean bedroom
Take out trash
Walk dog



Age 18: Young

Navy Family Service Centers offer a variety of classes

FSC Classes T.I.

Transition assistance workshop

August 11, 9 - 11:30 a.m.—This workshop is designed for separating/retiring service members. Topics will include educational benefits, disability compensation, home loan guarantee program, vocational rehabilitation program, burial/death benefits, life insurance and medical/dental benefits. Pre-registration is required.

Resume writing workshop

August 18, 8 a.m. - noon—Learn now to write and make your resume a dynamic, attention-getting tool. Come find out how to use civilian terminologies to enhance your resume.

Food stamp program

August 18, 2 - 3 p.m.—The Department of Social Services in San Francisco will provide information on eligibility requirements for

food stamps.

"Just for spouses" workshop

August 19, 9 a.m. - 2 p.m.—This workshop will orient spouses to program services and deployment support available at Treasure Island. The main portion of the workshop will involve a bus trip to San Francisco to learn how to use public transportation and to minimize any fears of traveling to the city. A brief stop for lunch and city tour of Union Square, Chinatown and San Francisco Shopping Center are also planned. Cost for lunch and transportation is \$10. If you prefer to bring your lunch, the cost will be \$4 for transportation only. Child care funds are available.

Ambassador's Club

August 19, 1 - 2 p.m.—The purpose of the club is to establish an advisory board and obtain support from the military personnel of Treasure Island. Be a member of the Ambassador's Club to help our relocating shipmates and their families.

Adult CPR training

August 24, 7:30 a.m. - noon—This four-hour "A" level class will provide you with the basic CPR techniques. Participation is limited, so confirm your space now. Class starts promptly at 7:30 a.m.

Job search workshop

August 24, 9 a.m. - noon—This workshop will concentrate on strategies for job hunting. Come and find out what creates vacancies, how jobs are filled and how to look for job openings.

"Image of style"

August 25, 10 a.m. - noon—this class is designed for all women. Learn how to create and build an image that reflects self-confidence and a personal sense of style. Come find out how to "dress for success" and enhance your overall appearance.

Anger control for kids (age 7 - 12)

August 25, 3 - 4:30 p.m.—In response to requests from parents, this class is being offered to help children

control their tempers. Just like adults, anger often masks feelings of hurt, frustration or fear. This seminar focuses on helping children rethink and restructure their responses more effectively. Call now and reserve a space for your child.

Welcome aboard and orientation program

August 26, 8 a.m. - noon—This program is designed to welcome and orient all incoming personnel and their families to Naval Station Treasure Island. Come find out what you need to know and what services are available on base and around the surrounding areas.

Interviewing techniques workshop

August 31, 9 - 11 a.m.—Prepare yourself for interviews by attending this informative workshop. Come learn all there is to know about the interview process. Pre-registration is required for all classes. For further information, or to sign up, contact the Family Service Center Treasure Island at (415) 395-5176.

F Fund ahead in Thrift Saving Plan

The F Fund led in the June modest gains shown by the three Thrift Saving Plans. Marking its eighth successive monthly increase, this bond fund increased to 1.79 percent. Together with the Wells Fargo U.S. Debt Fund, which was up 1.81 percent, the F Fund's earnings increased by more than 11 percent in the last year.

Invested in stocks, the C Fund climbed to 0.32 percent, slightly ahead of the Wells Fargo Equity Index Fund which registered a 0.3 gain. The C Fund was up 13.75 percent for the past 12 months.

The G Fund, invested in special U.S. treasuries for the third month in a row, moved up 0.51 percent, increasing to 6.72 for the past 12 months.

It was also announced by the retirement board recently that the G Fund will earn 5.875 percent in July, the lowest rate in the fund's six years.

"As interest rates decline, so does the fund," according to the July 26th issue of Federal Times. "The previous low was 6.125 percent—in May of this year."

Plus and Minus

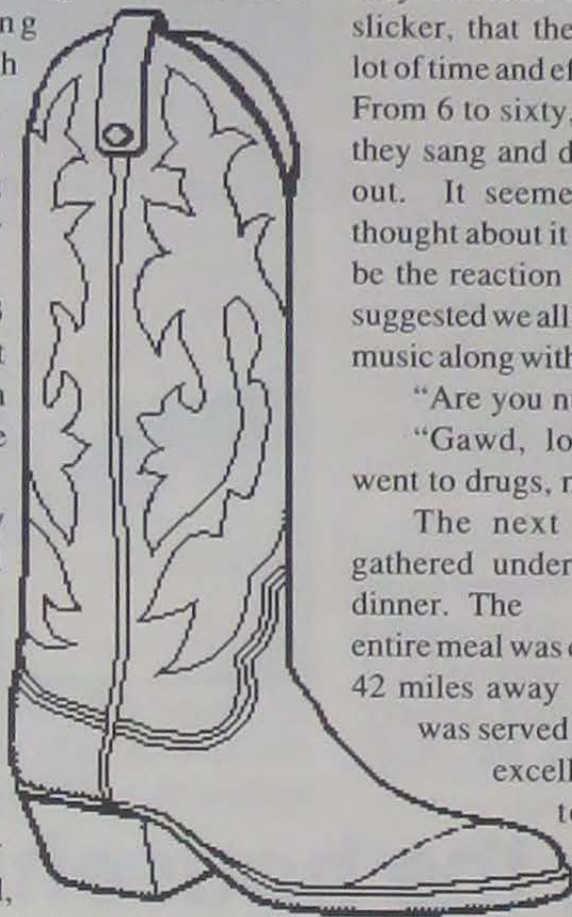


by mike meines

I'm back. After a terrific trip to the Dakotas, I have returned with the minimum amount of arrow wounds and cow patties affixed to my boots. Actually, it was a very good trip. Educational, to say the least. The adventure began in earnest when we landed in Minneapolis/St. Paul. The flight attendant announced the gates for departure of connecting flights. "We will be arriving at Gate 5, passengers connecting with United, Flight 672 to Boston, Gate 3; Pan Am Flight 293 to Chicago, Gate 6;

Trans World Flight 68 to St. Louis, Gate 1; Mesaba Flight 1682 to Aberdeen, Gate 84..." "Mesaba? What is a Mesaba? I've heard of all the others - but Mesaba? Gate 84? Cripes! Can we get a bus transfer?" After serving as part of the flight crew on a teeny, tiny airplane for several hours, we finally reached Aberdeen, South Dakota. I was reunited with the members of the family that I knew and introduced to T-Bone - the brother I did not know. Remember, people in the Dakotas don't use real names. Carole is Snooky, her sister is DeDe, brother T-Bone, Mother Shorty. (It's a joke, Mom!). T-Bone is a man's man. He does really strange things like jumping out of perfectly good airplanes and climbing water towers to place much needed streamers on them. But he has the one thing that every "real man" needs...a really together lady that keeps him in line. However, the purpose of this trip was not a family reunion but Snooky, DeDe and T-Bone's All School reunion. Now, most of us (especially me) have a difficult time understanding this concept. Every single person who has graduated from Roscoe High School since

1800 something was invited. I'm here to tell you that almost all of them came. The Class of 1943 was complete. All seventeen members of the graduating class were there celebrating their fiftieth reunion. Snooky's class was only missing two out of 23 (the largest class in Roscoe history). My special moment came when a classmate of Snooky's spotted me in my wall flower position and, thinking I had to be a member of some class, announced in a very loud voice, "Who's the little fat guy in the corner?" I smiled. Smote once again by that blatant midwestern honesty. Reunions are big news in the Midwest and this one was no



exception. Festivities began with the obligatory pageant featuring local singing and dancing talent. It was very obvious to me, a big-city slicker, that these people spent a lot of time and effort on the project. From 6 to sixty, male and female, they sang and danced their hearts out. It seemed natural until I thought about it later. What would be the reaction at my reunion if I suggested we all sing some patriotic music along with some show tunes? "Are you nuts?" "Gawd, looks like Meines went to drugs, man..." The next night they all gathered under a large tent for dinner. The entire meal was catered by an outfit 42 miles away and every course was served hot. The food was excellent and it was fun to watch class members reunite. The town of Roscoe more than met my expectations. It is a pretty little town (the key word is little). As I got the entire tour I imagined what it would be like to grow up in this type of an environment. I thought of Carole (Snooky) and how she instantly recognized every one in town. I thought of her spending her

first nineteen years in this town and making what had to be a monumental decision to join the military. I felt very envious of her childhood and more important, I felt very proud that she asked me to share her reunion. Although the Midwest would not be my choice of places to live, I'm sure like to import the people. Hard working, honest, genuine real people like that seem to be the exception rather than the rule in other parts of the country. To all my newly found friends in the middle - "Later, Baby!"

PERSONALS:

HMC Carlton Sanders: Dwayne? Is that you, Dwayne?

HM1 Sue Farland: You are my favorite critic.

The Godmother's: Isn't it about time you gave that bar a name?

DT3 Vic Sober: In Didactics, is the Alfredo Perato diagram more useful than a histogram?

Dave Clark: Table three has way more points than table four.

HM2 Sandridge: Andree's photos are getting much better. See the one on the front page last issue?

Mom: I'll always be a city boy

Security Briefs

Loaded firearms

Section 12031 prohibits the carrying of a loaded firearm on a person, or in a vehicle while in any public place, on any street or any place where it is unlawful to discharge a firearm. A firearm is deemed loaded when there is a live cartridge or shell in or attached in any manner to the firearm, including but limited to the firing chamber, magazine or clip.

Possession of switchblade knife

California Penal Code, Section 653K, prohibits the sale, transfer and lending of a switchblade knife. It also forbids carrying the switchblade knife on a person or bringing it in a passenger or driver area of a vehicle. A switchblade is any knife with a blade longer than two inches, which is opened by a mechanical device or the flick of the wrist.

Speed limit on base

The speed limit onboard Naval Hospital Oakland is 20 mph, except in the housing areas where it is 15 mph. There have been too many vehicles traveling in excess of 28 mph lately. Security will be using radar and issuing magistrate and DoD citations to all offenders.

Parking at a red curb

According to California Vehicle Code 21458, parking at a red curb is prohibited. Red indicates that no stopping, standing or parking is permitted, whether the vehicle is attended or unattended. However, a bus may stop in a red zone or if a sign is posted as a bus loading zone.

Parking on base

Parking Lot #5, located near the rear loading dock, is reserved for directors and senior department heads, 24 hours a day, seven days a week. Violators parking in that lot will have their base driving privileges suspended.

Attention veterans

Beware of articles advertising SGLI dividends

WASHINGTON (NNS) — Rumors, newspaper articles, advertisements and fliers have appeared in some areas of the country alleging that legislation was passed by Congress which entitles veterans to a dividend on their Servicemen's Group Life Insurance (SGLI). These rumors allege that current and former military personnel are entitled to this dividend, regardless of whether or not they still carry the insurance. They advise service members to contact the Veterans Administration or the Veterans Center in Philadelphia, Penn. Some fliers and advertisements offer free assistance in obtaining the dividend. This free advice often results in high pressure sales pitch for life insurance. Congress has passed no legislation regarding dividends on SGLI, and no dividend is authorized. No one will receive

VA has 1993 Veterans Benefits Handbook

The Department of Veterans Affairs recently published "Federal benefits for veterans and dependents." The 105 page handbook, describing federal benefits for veterans and dependents, including medical care, is available from the U.S. Government Printing Office. The handbook includes special sections on veterans benefits administered by other federal agencies, as well as explaining the requirements for eligibility and outlining claims procedures for VA benefits. The handbook is \$3.25 per copy, payable through the mail by check or money order, or through phone orders using Visa or Mastercard. GPO stock number is 051-000-00-200-8. Mail orders should be sent to the superintendent of documents, U.S. Government Printing Office, Washington, D.C. 20402. Phone orders can be taken at (202) 783-3238. (Courtesy of Department of Veterans Affairs)

a dividend by submitting the form or by contacting the Veterans Administration or Veterans Center. According to a Veterans Administrations Advisory, which responds to such inquiries, there have never been any dividends, rebates or refunds due to surplus funds in the SGLI program. Personnel can help eliminate the rumor by passing this information to friends, shipmates and other veterans groups.

Saint Mary's College of California East Bay campus

Saint Mary's College of California School of Extended Education, based in Oakland, offers bachelor's degrees in Management and Health Services Administration. Information meetings designed to advise prospective students about these off-campus accelerated degree completion programs will be held at Saint Mary's College East Bay, 500 - 12th Street, in Oakland, as follows:

Meeting place	Date	Time
O'Connor Room	Wednesday, Aug. 25	noon - 1 p.m.
Conference Room	Tuesday, Sept. 7	6 - 7 p.m.
O'Connor Room	Thursday, Sept. 23	noon - 1 p.m.

These informational meetings are one hour in length and provide information relative to curriculum, admission requirements, tuition and life experience credits. For reservations and more information, call 1-800-538-9999.

Treasure Island Job Faire

August 25
10 a.m. - 2 p.m.
For additional information
contact Naval Station
Treasure Island Family
Service Center, building 257,
(415) 395-5176/89.



The Red Rover

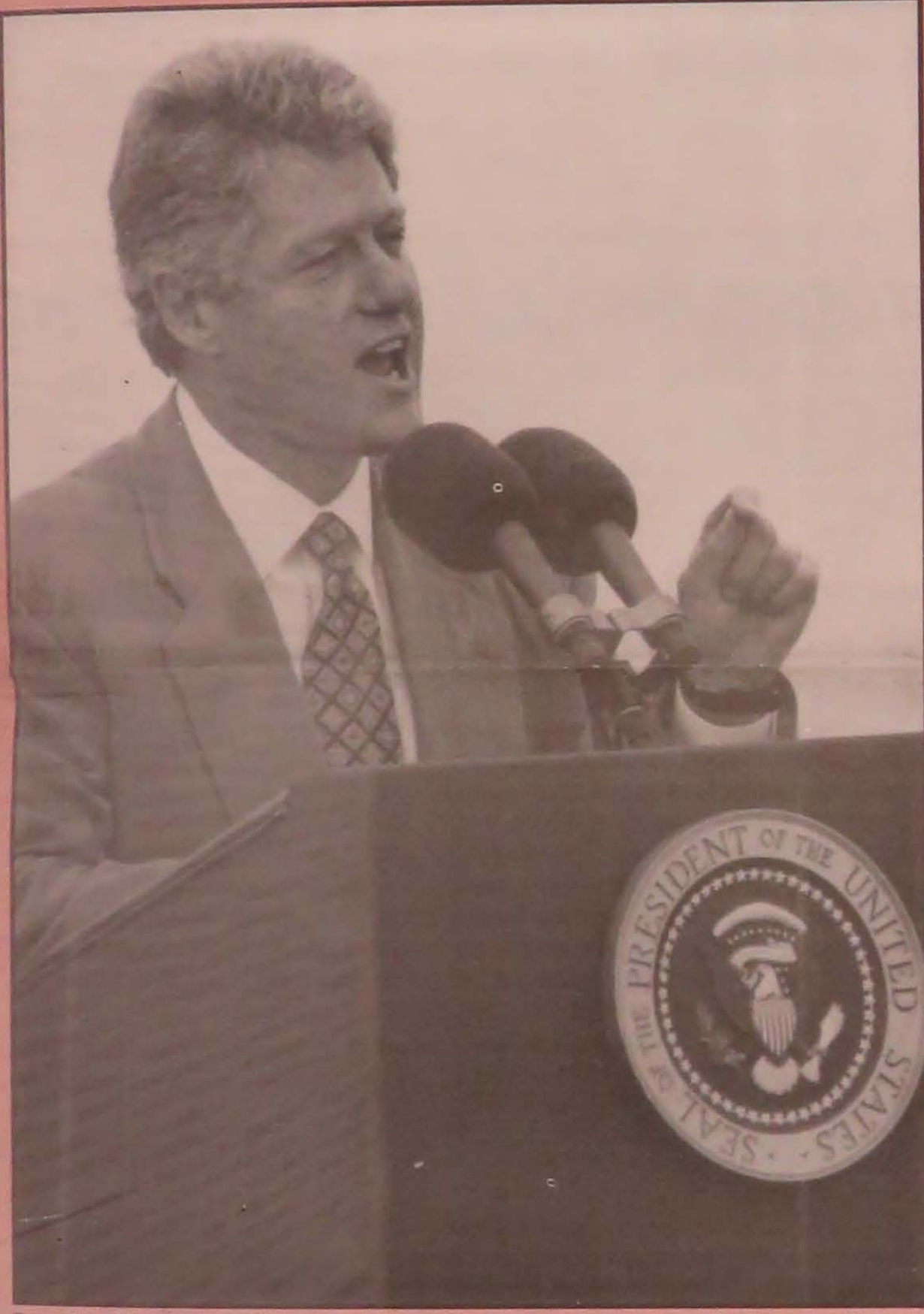
This newspaper is named in honor of the Navy's first commissioned hospital ship

Vol. 5 No. 11 Naval Medical Center, Oakland, California September 3, 1993

RADM Sanford relieves RADM Buckendorf

Change of Command ceremony

President Clinton visits the Bay Area



President William J. Clinton speaks of his transition plans to a record crowd of well wishers at NAS Alameda on Aug. 13, 1993. (Official U.S. Navy photo by LaRell Lee)
Excerpts from President's speech and more photos on page 4.

By Andree Marechal-Workman

"Admiral Buckendorf, I relieve you sir!"

With this simple sentence pregnant with tradition, RADM Frederic G. Sanford, MC, USN, took the helm at Navy Medical Center Oakland on August 23rd.

Guest speaker for the time honored ceremony, which formally restates the continuity of command to the officers and enlisted, men and women of a command, was the 31st Surgeon General of the Navy, VADM Donald F. Hagen. "I am honored to be here to participate in this fine Navy tradition, as this mantle of command passes from one fine Navy officer to another," Hagen said. "Expertise is a valued commodity and the two people who stand on the stage with me have been in command and carry a great deal of expertise at this time."

Speaking to the outgoing commanding officer, he said, "Admiral Buckendorf, the Bay Area is richer for your leadership. As commander of the joint commands for all Department of Defense activities in San Francisco and Monterey Bays, you have been able to draw enormous resources to improve cost, quality and access. It has cut cost and increased access. I know that you haven't completed all you wanted to do, but I also know that Admiral Sanford will jump in with both feet, full of enthusiasm for the new responsibilities and the tremendous task that lays ahead as Oakland prepares for new challenges."

After receiving the Legion of Merit from Hagen, Buckendorf addressed his staff for the last time, reviewed his 27 months as skipper

and praised their efforts. "Our staff of physicians, nurses, allied scientists, health care professionals, corpsmen, technicians, civilians and volunteers want for virtually nothing," he said. "They performed at levels that can only be termed as astounding. Next year, we anticipate resources at or above this year's level and we look forward to at least two more academic years in which to train the Navy's finest residents in anesthesia, internal medicine, orthopaedics, general surgery, urology and maxillofacial surgery — all critical for the future of Navy Medicine."

...I pledge to all of you that what we have to do, we will do together, with sensitivity, compassion and concern for all those involved...

RADM Frederic G. Sanford, MC, USN

Sanford is no stranger to Naval Medical Center Oakland. In the summer of 1968, as a young general medical officer at Hunters Point Naval Dispensary, just back from a tour in Vietnam, he was "one of the first GMOs to refer patients to the new facility here at Oak Knoll." He said he also socialized with personnel from the naval hospital, especially with the (then) chief of surgery, CAPT George Croft.

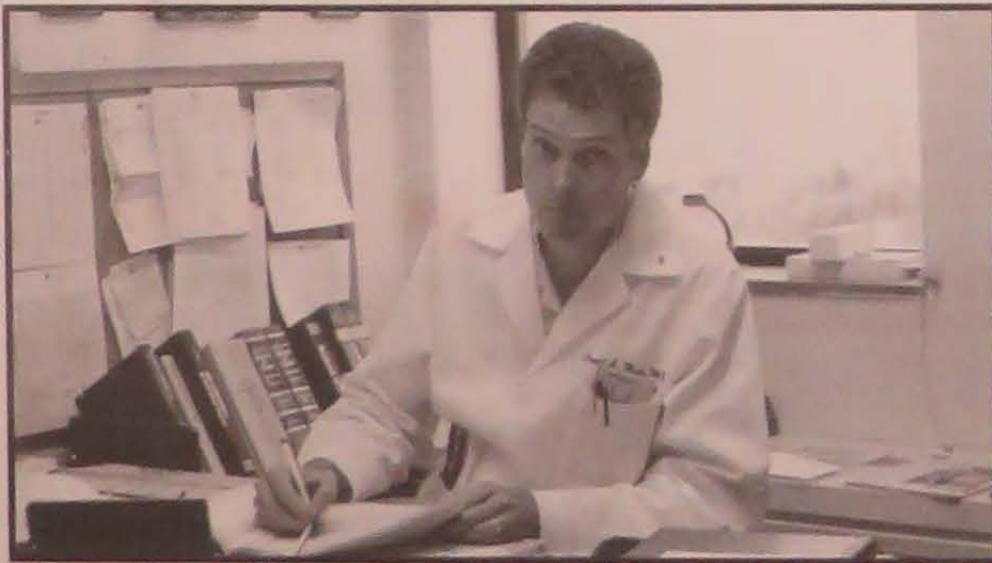
Continued on page 3

Oak Knoll surgeon appointed cancer liaison physician

By Andree Marechal-Workman

CDR David S. Wade, MC, USN, chief of surgery at Naval Medical Center Oakland (NAVMEDCENOA), received a three-year appointment as cancer liaison physician (CLP) for the Hospital Cancer Program at this command recently. The Cancer Liaison Program is an integral part of the American College of Surgeons' Commission on Cancer.

Wade, who was CLP at Naval Medical Center San Diego from 1989 to 1992, is among a national network of over 2,000 volunteer cancer liaison physicians who provide leadership and support to the



CDR David S. Wade, MC, USN

Approval Program and other Commission on Cancer activities.

Wade has a significant interest in the diagnosis and treatment of patients with malignant diseases and provides local leadership for the annual national clinical goal of the Cancer Liaison Program. This year's goal is a joint effort by the Commission and the American Cancer Society to emphasize the importance of clinical trials to

physicians and lay persons, as well as to increase the number of patients who participate in clinical trials.

"To meet this goal we participate in several research endeavors," Wade explained. "One is the National Surgical Adjuvant (additional chemotherapy) Breast and Bowel Project [NSABP]; the other is our involvement with an intergroup protocol that deals with lung cancer melanoma and esophageal cancer."

NAVMEDCENOA is one among the small percentage (one-fifth) of health care facilities in the United States who have been approved for cancer programs by the Commission on Cancer. According to a spokesperson for the American College of Surgeons, Michelle Troska, the Commission on Cancer

was established in 1956. Composed of Fellows of the College and liaison members representing 30 other

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Oak Knoll Viewpoint

"What is your favorite vacation spot?"

(Official U.S. Navy photo's by HM2 James Sandridge and AA Kevin Cameron)

SH2 Audeluvia Garcia
Operations
Department



Bangkok, Thailand but only during the winter.



Niddy Truffa
Building 500, Exchange

I really love Lake Tahoe during the summer. There's such wonderful sightseeing.

SN Haryatte Roston
O.O.D desk



I really wish I could go to the Virgin Islands in the winter.



SN Tish Harris
Operations Department

My favorite vacation spot...Panama City, Fla., in the summertime.

HM2 Gerald Russell
LPO Cardiology



It has to be my hometown of Seattle, Wash. — throughout the summer of course!

Civilian Reduction in Force questions and answers

If Congress votes to close Naval Medical Center Oakland in September, it is inevitable that, at some point in time, civilian employees will receive Reduction in Force (RIF) notices. They will have to make hard career decisions during the next several years, and to help them make those decisions, the Human Resource Office (HRO) has compiled a list of questions and answers about issues of concern.

The answers are general in nature, and are provided as a result of Separation Pay Incentives (SPI) being offered to employees at Department of Navy activities. Additional questions should be addressed to the RIF/SIP counselors at DSN 859-4055, 69, 73, 76, 77. (Commercial: (510-466, with same four digit numbers). Questions regarding retirement issues should be directed to retirement counselors at extension 2521, 7734.

Because the list is long, it was broken down in several sections that will be published in the next two or three issues of The Red Rover.

Q. What is the amount of separation pay incentive

A. Employees who are selected to take advantage of the separation pay incentive will be paid an amount equal to the employees' calculated severance pay entitlement or \$25,000, whichever is less. It should be noted that employees who voluntarily retire or resign are not normally eligible for severance pay; it is used here for monetary calculation purposes only. Examples:

1. A person who is eligible for voluntary optional retirement: Based on 30 years of service, the severance pay calculation would amount to \$45,000 paid over a total of 52 weeks. For SPI, the employee would be eligible to receive only a maximum amount of \$25,000.

2. A person who is not eligible to retire: Based on seven years of federal service, if the person resigns, the severance pay calculation would amount to seven weeks of pay, for a total of \$7,500. The SPI pay that employee would be eligible to receive is \$7,500, which is the lesser of the two.

Q: Are there any other SPIs approved or being offered?

A. No.

Q. How is severance pay calculated?

A. Severance pay is computed on the basis of one week's pay for each year of the first 10 years of service and two weeks' pay for each year of service after 10 years. This computation results in the basic allowance. For employees over age 40, an age adjustment allowance is added to the basic allowance by computing 2.5 percent of basic allowance for each full three months of age over 40 (or 10 percent for each full year).

Q. Will my creditable military service time be used in the calculation?

A. No. Severance pay calculations are based on civilian service only. There is one exception. Military service is creditable including active or inactive training with the National Guard, when it interrupts civilian service and the person returns to civilian service within the period for exercising restoration rights after military duty. Other than this exception, an employee's calculated severance pay entitlement will not include creditable military service.

Q. Will all employees be eli-

gible to volunteer for an SPI?

A. No. Only those employees who occupy positions approved for separation pay incentives will be eligible to volunteer.

Q. How will employees be selected to take advantage of the SPI if there is a greater interest than incentives approved for use?

A. Selections and offers will be made to the most senior volunteers, in leave service computation date order. Once sufficient volunteers accept the SPI, no additional incentives will be offered.

Q: Can I be forced to be considered for an SPI, or forced to retire or resign?

A. Absolutely not! The decision to retire or resign or to elect to be considered for the SPI is purely a voluntary and personal choice.

Q: If I volunteer to separate and I am selected to receive the SPI, how soon do I have to effect my separation?

A. Your separation has to be effected during the window period of the activity's approved SPI.

Q: If I elect to retire and collect the SPI, is my monthly retirement annuity or the contributions to my retirement fund impacted at all?

A. No.

Q: I am currently eligible to retire under optional retirement, will I also be eligible for the SPI?

A. Yes, assuming you have been selected to receive the incentive.

Q: If I have an approved disability retirement application during the special window period being offered for voluntary separation and SPI, will I be eligible to collect the incentive?

A. No.

Q: I don't meet the eligibility requirements for any type of retirement. Will I be eligible for the SPI if I resigned voluntarily?

A. You must have been continuously employed in the federal service for 12 months immediately preceding your resignation, and you

must have resigned from a permanent appointment. If you meet this requirement, the answer is yes, assuming you have been selected to receive the incentive.

Q: Will temporary employees be eligible for SPI?

A. No.

Q: How soon can I expect to receive my SPI?

A. Normally, the payment will be made within four weeks after the employee is separated.

Q: What deductions will be withheld from my SPI?

A. The following will be deducted from your lump-sum payment: Federal, 20 percent; State (if applicable); Medicare, 1.45 percent. FERS and CSRS offset employees will also have a Social Security tax deduction of 6.2 percent.

Q: I am a parttime employee. How will my SPI be determined?

A. The amount will be determined by calculating the severance pay entitlement as it normally would be for a fulltime employee. This calculation will then be prorated, based on the employee's official scheduled tour of duty and its relation to a 40-hour work week.

Q: Will I lose my entitlement to future severance pay if I resign and accept the SPI?

A. No. This lump-sum payment is an SPI, not severance pay.

Q: Can I collect SPI and then return to work at any DoD activity in the future?

A. Employees who are paid an SPI are ineligible for reemployment (permanent, temporary or nonappropriated fund) with DoD for one year. All employees accepting SPI are also ineligible for registration in DoD Priority Placement Program (PPP).

Q: What happens if I cancel my health benefits enrollment when I retire?

A. You can cancel your Federal Employees Health Benefits

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Red Rover

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Continued from page one

Change of Command ceremony

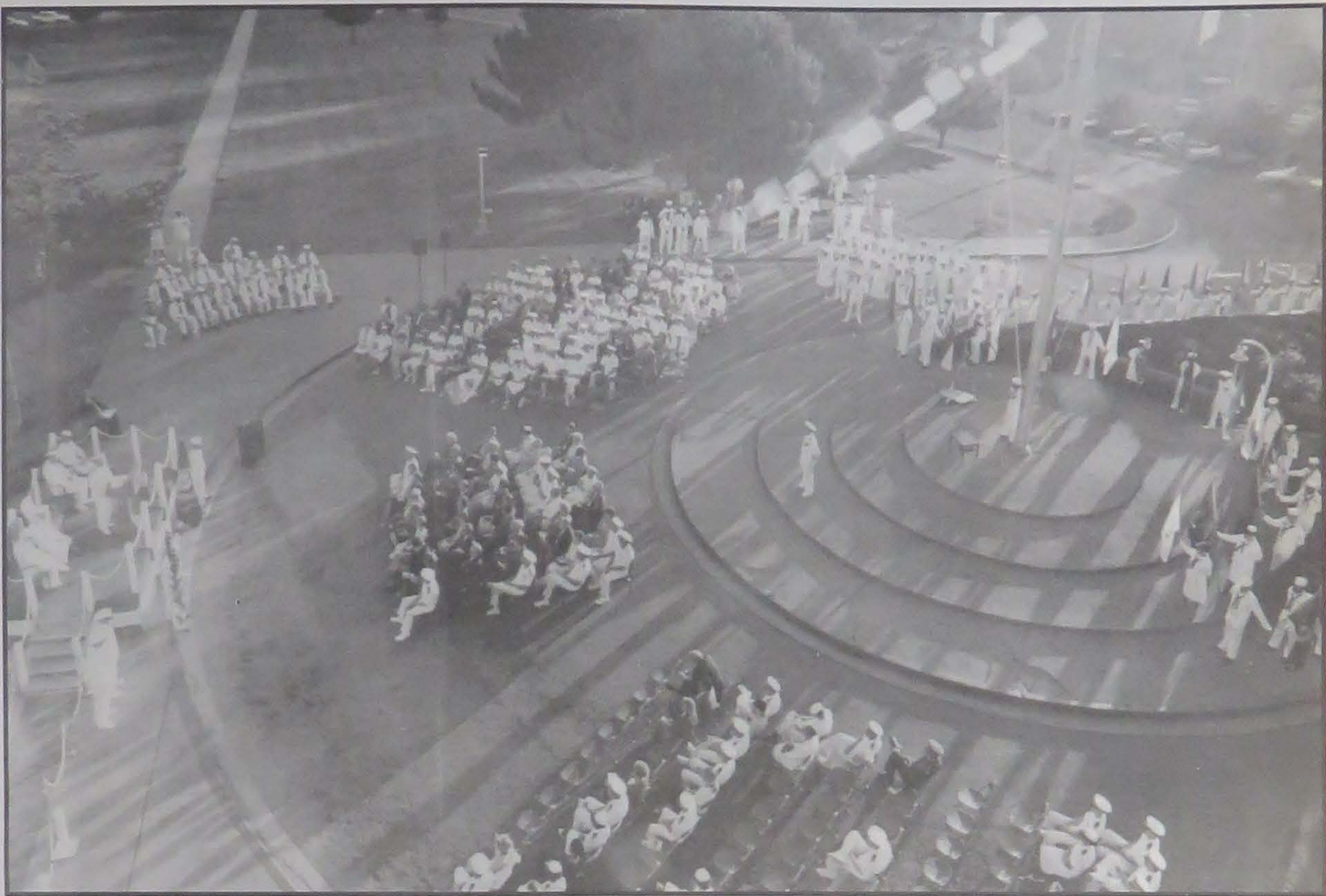
After reading his orders, his flag was raised and he addressed the audience as the new commanding officer.

"We're all aware of the challenges and the realities that are confronting us," Sanford said in reference to the threat of base closure. "As your new commanding officer, I am mindful and very respectful of the planning effort already accomplished, upon which we will build as we continue the process. I pledge to all of you that what we have to do, we will do together, with sensitivity, compassion and concern for all those involved..."

"I also pledge that we will never compromise our dual mission: the maintaining of medical readiness and the providing of quality health care to all those we serve. I look forward to working with all of you in the command, our sister services, our CHAMPUS Reform Initiative colleagues and all community organizations and representatives."

Sanford comes to Oakland from his most recent assignment as Medical Officer, U.S. Marine Corps, on the Commandant of the Marine Corps's staff.

Buckendorf returns to the Bureau of Medicine and Surgery as Assistant Chief for Operational Medicine and Fleet Support.



Bird's eyeview of the ceremony.

(Official U.S. Navy photos by AA Kevin Cameron)



RADM William Buckendorf makes a farewell speech. Seated (from left) are: RADM Frederic Sanford, Surgeon General of the Navy VADM Donald F. Hagen, Commander Naval Base San Francisco RADM Merrill Ruck and LT J. Lynne Kennedy who gave the invocation and benediction.



RADM Frederic G. Sanford, MC, USN, addresses the audience.



HMCM Phillip Dozier (second from right) and other ceremonial participants stand at parade rest.



HMCM Phillip Dozier folds RADM Buckendorf's flag with SM2 Loren Littleton while HMCM Gary Chapman stands at attention.

Excerpts from President Clinton's speech at Naval Air Station Alameda

"...The one thing we must never do is lose the ability to recruit and maintain the best trained, best educated and most highly motivated men and women in the Armed Forces in the entire

world. The other thing we must never do is lose our capacity for training them and giving them the finest, most technologically advanced weaponry of defense and offense available to the world..."

"...In order to do this, we have to reduce the base structure of our Armed Forces..."



President Clinton's podium is flanked by the USS Arkansas (CGN-41), a U.S. Navy Guided Missile Cruiser he helped launch when he was governor of Arkansas.

(Official U.S. Navy photos by LaRell Lee)



Sailors, Marines and civilians gathered to hear the president on a grey, foggy morning.

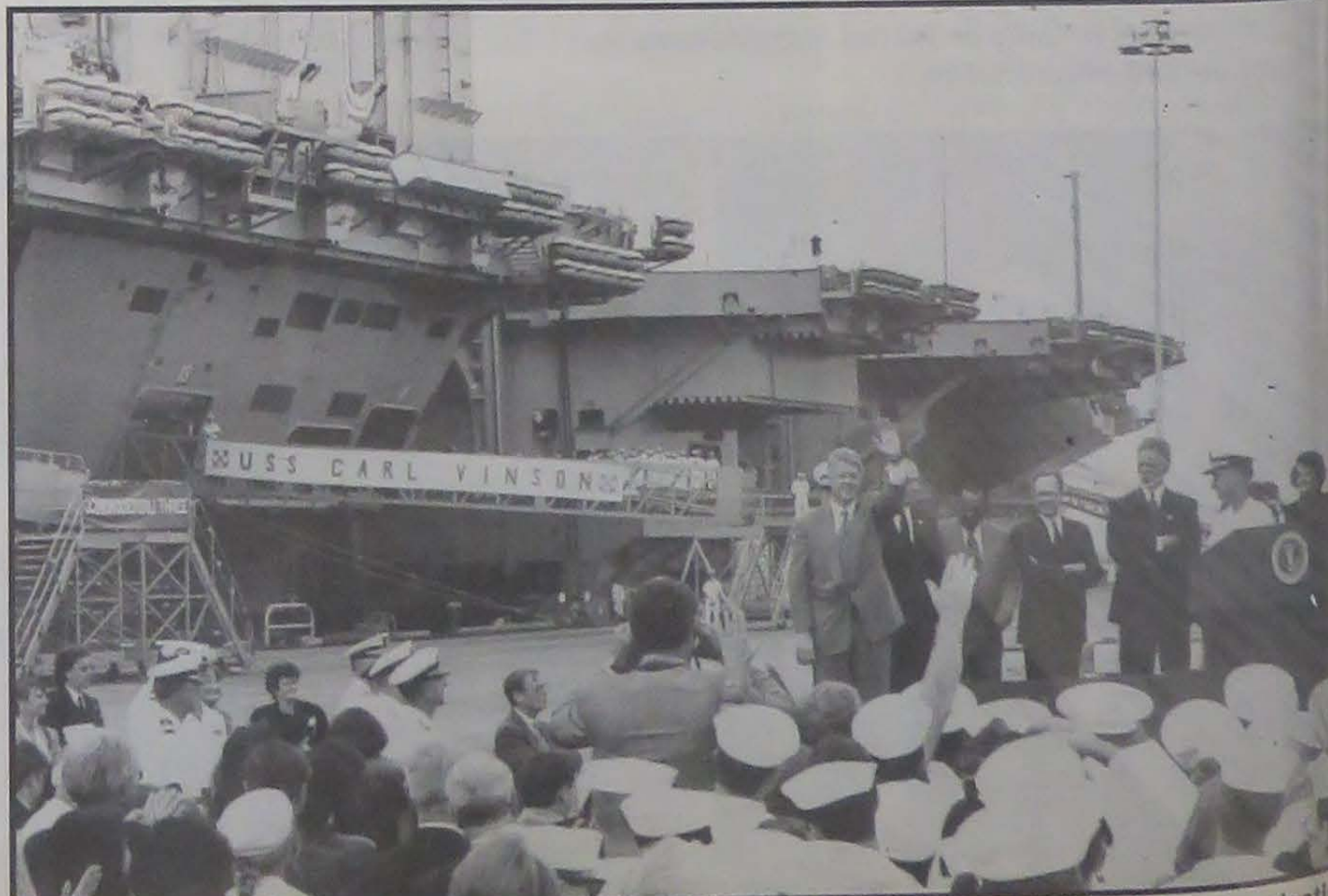
"...What we can do together is help all of you cope with change and help this place and all these people come out winners in the end..."

"...I make this pledge to you. The men and women who won the cold war will not be left out in the cold by a grateful nation..."



President Clinton shakes hands with Secretary of Commerce Ron Brown (far right) as California Senators Barbara Boxer (far left) and Diane Feinstein look on.

"...When the base closes, our first priority will be to create jobs and promote economic development..."



After his speech, President Clinton waves to an enthusiastic audience, with the majestic aircraft carrier, USS Carl Vinson (CVN 70) looming in the background.

RADM Stratton visits Oak Knoll

Story and photos by Andree Marechal-Workman

Disaster response, keeping patients out of hospitals through preventive teaching and nursing research are some of the activities in which RADM Mariann Stratton predicts the Navy Nurse Corps will be involved by the year 2000.

Stratton, who is dual hatted as chief of personnel and director of the Navy Nurse Corps, explained that the issues the Corps of the future will have to address depends

nurses who are involved with all kinds of the most recent state-of-the-art non-invasive therapeutic modalities. For example, at Naval Hospital Jacksonville [Fla.], nurses are supplementing traditional pain management treatments with activities such as music therapy, pet therapy and therapeutic touch."

During a briefing to the command's nurses, Stratton talked about scholarships and praised the Medical Enlisted Commissioning Program. She said it's an important program that provides upward mobility for hospital corpsmen — a

school each year, she urged her audience to enter degree programs on their own. "If you're sitting here and have a diploma, plan to enter the 24-month Registered Nurse to Master's Program," she counseled, adding that 10 years from now, she feels a director for nursing services at a Graduate Medical Education facility will be required to have a doctorate.

Turning to research, she advised that Congress gave the tri-service (Army, Navy and Air Force) one million dollars for research last year and three million this year. She said that the Tri-Service Advisory group,



RADM Mariann Stratton visits with baby Brea Harris, held by HA Aimee Miller of the Pediatric Ward, 7 East.

largely upon what comes out of the Health Care Task Force.

"Of course, Navy nurses will always have to be operationally prepared," she added, "clarifying that, in time of peace, experience could come from responding to national and international disasters.

"We've had nurses in Hawaii, we've had them in Guam, we've had them in Subic Bay," she said of the natural catastrophes that plagued those areas in recent past. "They were in Florida [in the wake of Hurricane Andrew]. Now we have personnel in the Midwest helping with the flooding situation.

"Certainly, although we're not at war, we are still responding to operational missions; for example, in Somalia and in the Persian Gulf. Wherever you see the Navy Line go, Navy Medicine and Navy nurses go."

Thinking in terms of peacetime activities, military downsizing and budget restrictions, she indicated that more and more emphasis is being placed on ambulatory care and community health. "Our hospitals of the future are going to be geared to keeping our patients out of the hospital," she continued. "They are going to be involved more and more in preventive medicine, teaching our patients responsibility for themselves, managing wellness clinics, etc. You see

significant factor in getting junior nurses who are aware of the system and know what to expect, unlike ensigns fresh out of school.

"In these days of downsizing and cutbacks in resources, all of us have to be very realistic as to what our nation will do with the health care dollar,"

RADM Mariann Stratton

But it is research and the need for continuing education for nurses engaged on a career track that the admiral emphasized. "There's a point I want to make very clear to all of you," she said, punctuating her remarks with statistics. "If you plan on a Navy career and want to make O6 [captain], you must plan to get your master's degree. Today, 17 percent of us have an M.A and 7 percent have a diploma degree." Stressing that the Navy can send only 108 nurses to

of which she is a member, sent out requests for proposals, underscoring adult nursing care as one area of particular interest. "The Navy nurses have not submitted many proposals, and I would like to see all of you doing some research," she continued, adding that her group used some of the allocated money to producing a video on how to write proposals. "Start doing little studies that are of interest to you, which you think are going to improve patient care from a nursing perspective," she told her captive audience.

Speaking of her tour of the command's facilities, she said that during her "less than one hour" visit to inpatient, ambulatory and perioperative areas, she was very impressed with the obvious and sincere commitment of the staff that she's seen. "I was very pleased to see 1st and 2nd classes as leading petty officers on the wards," she said. "I am quite excited at some of the things that CAPT [Marcia] Sherrard told me they're looking into in Nursing Services, using the Total Quality Leadership mode, especially 'how can we do a job that we are doing exceedingly well even better.' I am pleased with what I saw in terms of team work and communications with all the corps and all the services at the hospital because we all have to re-



RADM Stratton (center) speaks to hospital staff in the Operating Room, accompanied by Director of Nursing Services CAPT Marcia Sherrard (background, second from left) and the associate director of inpatient nursing services, CDR Dorothy Michael (background, far right). (Official U.S. Navy photos)

member that the only reason we're here is to take care of our beneficiaries — not to serve ourselves and our corps." Sherrard is director of Nursing Services at NAVMEDCENOA.

On the specter of base closures and what will happen to beneficiaries, RADM Stratton reiterated that a lot depends upon the changes brought about by health care reform — how these changes will impact the Department of Defense. "In these days of downsizing and cutbacks in resources, all of us have to be very realistic as to what our nation will do with the health care dollar," she said wistfully, emphasizing, however, that the government is not going to let

down people who are entitled to care. "There will be some way that care will be provided, whether it's through CHAMPUS, the CHAMPUS Reform Initiative here (California and Hawaii), or through MEDICARE," she said. "But I tell you, I am going to have a personal supplementary care plan as well, because I think that this is being realistic."

Stratton seemed very pleased with her visit to NAVMEDCOMOAK. At the same time, the staff also seemed very pleased with her visit. Her insight and vision of the future of Navy Medicine were well received. In short, her time here seemed to be beneficial to her as well as the nursing staff.

Women's health update 1993

The Wellness Committee is proud to announce a conference designed to appeal to women concerned with life's issues. Scheduled for Saturday, Oct. 2 from 8:30 a.m. to 12:30 p.m., this long awaited event will provide up to date information unique to health care for women through workshops and resource exhibits. The keynote speaker, Karen Johnson, M.D., will set the tone. She is the author of *Trusting Ourselves*. Participants will then choose two out of four workshops offered.

The workshops are designed to be practical and informative sessions covering a variety of topics relating to your individual concerns. The choices are "Fats, Fads and Fantasies" (getting a grip on nutrition), "Finding the Beauty Within" (emotional well-being for women), "Life In The Fast Lane" (how stress affects illness) and "Unlocking the Mind-Body Connection" (unique approaches to health).

Do something special for yourself and join us for the morning at the Bachelor Officers Quarters Conference Room, Naval Air Station Alameda. A continental breakfast will be provided by the Carl Vinson Officers' Wives' Club. The Wellness Committee has representatives from Navy Marine Corps Relief Society, Branch Medical and Family Service Center, NAS Alameda, NAVCARE and Naval Medical Center Oakland. NMCRS will reimburse child care for registered participants. Call FSC at 263-3146 to register.

American Red Cross offering instructor courses

Naval Hospital Oakland's chapter of the American Red Cross is offering the following classes to military, dependents and civilians. Due to limited number of students per class please try to register as soon as possible. Class fees will vary.

Sept. 9 — Instructor Candidate Training will be conducted from 5 to 9 p.m. Because it teaches you

how to teach, ICT is a prerequisite for all instructor classes. You must also complete an application to teach Health and Safety courses available at the Red Cross office and have a current basic certificate. For example to teach first Aid you must be Standard First Aid Certified, etc.

Sept. 10 — First Aid and CPR Instructor Course Part I, 5 to 9

p.m.

Sept. 11 — First Aid and CPR Instructor Course Part II, 8 a.m. to 5 p.m. You must have a current First Aid or Community CPR certificate with you to show the instructor.

Point of contact for more information is ABH3 Jimmie Hudson at (510) 633-5308. The Red Cross office is located on the 5th floor of Building 500.

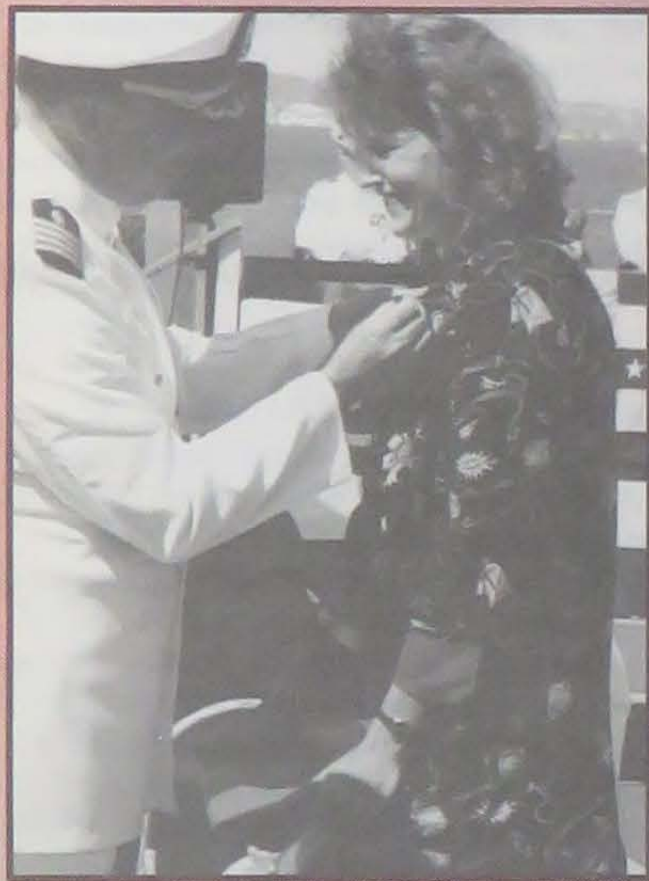
Naval Dental Clinic T.I. Change of Command

(Official U.S. Navy photos by Andree Marechal-Workman)

With pomp and circumstance, CAPT George H. Graf, DC, USN, took the helm at Naval Dental Center San Francisco on Aug. 11, 1993, relieving CAPT Eric T. Rippert, DC, USN. Rippert's next duty assignment is at Naval School of Health Sciences, Bethesda, Md. (See The Red Rover, Vol. 5, No. 10 for more details on the ceremony).



Guest speaker, RADM Ronald P. Morse, DC, USN, addresses a captive audience against the combined magnificent backdrop of the San Francisco Skyline and Bay Bridge. "If this is heaven," he exclaimed, "Father Walsh, I am ready!" Morse is chief of the Navy Dental Corps; Walsh, who gave the benediction, is a chaplain at Naval Medical Center Oakland.



CAPT Rippert pins Patricia McLean with the Civilian Service Medal. McLean works in Professional Affairs and Quality Assurance at Naval Dental Center San Francisco.



CAPT Graf exchanges opinions with his guests at the reception, held at the Casa de la Vista, following the ceremony.

CREDO and change

By LT K. M. Seyb-Stockton, CHC, USN

Change is all around us. Sometimes life seems to change faster than we can get used to it. Whether the change is the result of our own choice, such as getting married, or as a result of forces beyond our control, such as the downsizing of the military, it produces stress in our lives. Eric Hoffer in *The Ordeal of Change* said, "Every new adjustment is a crisis in self-esteem." How true that is.

When facing change we tend to question ourselves... "Will we be able to handle the added responsibility?" "How will we perform?" "Will we fit in?" These questions and fears are good up to a point. They motivate us and focus our attention, but if we become overwhelmed by them they can paralyze us into inactivity. Sometimes the difficulty comes to us before

the actual change, in the decision making process.

Dealing with change and decision making can be a challenge, but it is an important challenge that needs to be addressed. One of the best ways to face change is to put our energy into personal growth. Growing in spiritual and emotional maturity gives us the strength and courage to move along with our lives. Available to all military members, retirees, reservists and dependents is CREDO personal growth retreat.

CREDO (Chaplain's Religious Enrichment Development Operation) is a program of the Navy chief of chaplains whose primary aim is to promote personal and spiritual maturity. This aim is accomplished through a program of retreats conducted with a sensitivity toward those not initially inclined to seek out chaplains or chapel programs.

The main CREDO retreat is

the 72-hour personal growth retreat. Through this experience, based on unconditional love and absolute confidentiality, participants explore who they are and how to grow beyond life circumstances that keep them from being their best. The retreat is led by trained facilitators and a CREDO staff member and uses groups, pairs and individual exercises that make a profound and often permanent difference in the participants' lives, charting a course for personal growth for which there is no limit.

Now CREDO is coming to the San Francisco Bay Area. A personal growth retreat is being held Sept. 16-19. Sign up now by calling the Naval Air Station Alameda Chaplain's Office at 263-3740 to reserve your billet.

(Chaplain Seyb-Stockton was assigned to Naval Medical Center Oakland during Desert Shield/Desert Storm deployments)

Nutrition and exercise

What your body needs

By LT Lea Cadle, MSC, USN

People who exercise or play sports are always looking for something, anything, that will make their exertions easier and improve their game or workout. Will some food, diet or supplement optimize their performance? Over the next several issues of *The Red Rover*, we will address the most notorious exercise and nutrition myths. Test your knowledge!

True or false: Protein supplements and/or high-protein diets will build muscle and boost energy.

False - Excess protein won't build muscles, only exercise will. The average American gets more than enough protein. The protein needs of sedentary and active people are about the same. The exceptions, according to recent studies, are weight lifters and endurance athletes who do appear to need more protein. But these increased needs are easily met by a balanced diet. Despite all the hype about protein among athletes and coaches, the only people who may need to worry about protein are athlete who are on low-calorie diets.

There are probably hundreds of "ergogenic" aids-supplements promoted for building muscle, reducing recovery time and maximizing ath-

letic performance on the market today. These range from bee pollen, kelp and lecithin to amino acids, brewers yeast and ginseng. Many "ergogenic" aids have well-documented side effects.

The amount of protein in the typical American diet — accounting for 12 to 15 percent of total daily calories — is enough for active people. It is hard not to get that much, even if you're a semi-vegetarian, since not only meat, poultry, fish and dairy products, but also grains, nuts and legumes are good sources. Though many athletes swear by them, protein supplements, including those containing isolated amino acids, are unnecessary. They are also expensive, and may contain questionable additives. There is little or no evidence that consuming isolated amino acids offers any advantage over the protein in food. Moreover, they may create an imbalance and be toxic.

So, how do the body builders in all those muscle magazines put on so much mass? The answer is a high-calorie, low-fat diet, mixed with hours of daily training. Of course, if you're sponsored by Cybergene, the answer may be different.

(Reference for this article is *University of California Berkeley's Wellness Letter*, May 1993)

Lost in wonder

By LCDR David Winslow, CHC, USN

Recently, Earth was visited by a meteor shower that was anticipated to be the most spectacular of the century. Unfortunately, clouds obscured the comets and balls of molten rock as they sped through near space. Most of us had to take the word of the astronomers that the event even occurred. Some people went to elevated areas away from cities to try to get a better view, but apparently most of them were disappointed, too. Even though the meteor shower did not appear as expected, the journey to a quiet place in closer contact with nature was a rewarding experience.

A colleague travelled out to one of the parks in the Mid-Peninsula Open Space Area to try to see the meteors. Even though this area is close to several cities, the paths take hikers above the level of homes and buildings, so that the lights of the Bay Area are spread out below your feet, and the clouds appear to be a roof over your head. This friend made the trip after a demanding day at work, and was feeling stress and worry when the trek began. An avid hiker, he did not find the trail difficult, but the physical demands of walking dissipated some of the tension that had built up during the day. He sat on the top of the hill for several hours, listening to radio reports of disappointments with the cloud cover. When we asked

him how he enjoyed his meteor watching expedition, he smiled and said it was a wonderful experience. Sitting on the top of the hill in the quiet put him back in touch with a sense of inner peace. The walk itself was worth the effort for the refreshment and renewal he found.

Some people experience spiritual meteor showers. They tell us of their close encounters with God, and report on the beauty of the experience. The clouds of tension, stress and preoccupation may prevent these meteor showers of faith from being seen in our own lives. But if we travel to a place outside the light and glare of the everyday stress and worry, we will find that the journey to the quiet place will put us in closer contact with God, which will be a rewarding experience, even if the meteors and comets don't appear.

The writer of Psalm 8 reflected this feeling when he said,

"When I consider the Heavens, the works of Thy fingers, the moon and the stars which Thou hast ordained, what is man that Thou art mindful of him?"

Yet God is always ready to hear our needs and bless us with his presence. We stand in awe of nature's beauty and of God's care.

When we consider the Heavens, we are indeed lost in wonder at God's creative power. When we sense God's presence within our own troubled and stress-filled lives, we feel the wonder of his eternal love.

General Library gets a face lift

Story and photos by Andree Marechal-Workman

When SN Denielle Beaver opened the door to the General Library recently, she had to wade through a sea of books that had piled up due to the untimely death of its librarian. "We spent the first two days just putting books back on the shelves," she said, explaining she was chosen for the job by HMC Phillip Dozier "because [she] had some library experience in high school."

Putting the place back in order was such a job that Ron Brown, head of Morale Welfare and Recreation (MWR) assigned one of his staff member to help her. And this is where SH3 Gregory Sadler comes in. "The General Library is part of MWR," he clarified, "and this is part of my rotating duties."

It was a fortunate move because Beaver has trouble lifting because of a back injury, and she said the arrangement works well for her. It works well for the Library, too, because Beaver can train Sadler until he can take over the helm when she's "discharged in December." And it works well for Sadler, who said he's not getting out until 1995, and he's glad of the opportunity to learn the ropes. "We

work well together," he said with a happy smile. "We're a good team."

The sunny disposition of the new librarians is reflected in the cheerful atmosphere that greets the visitors...new posters, new magazines, a well lighted space, air conditioning...Everything combine to invite a call — for research, for browsing or simply for taking a few minutes' rest and recreation to wash that stress away.

"When someone comes in and asks for a book we don't have, it's a challenge for me to find that



While putting books back on the Library shelves, SH3 Gregory Sadler points to one of his favorite authors. (Official U.S. Navy photo)



SN Denielle Beaver adds books she borrowed from other Navy libraries to a display cart. (Official U.S. Navy photo)

book," Beaver said. "I borrowed books from Mare Island, from Alameda, from Treasure Island. We also started updating magazines and are vigilant about the condition of the circulation."

We did a lot of housekeeping, she added — moving furniture around, getting rid of dated material and bringing everything up to date. "We found books and video tapes in a back closet," she said, "and we put them in circulation."

There's still a lot more work to do, but the happy pair remain undaunted. They like the challenge and are not hampered by budget restrictions. They simply tightened the circulation regulations to be able to take better advantage of the book trading system in place. Now hard cover books can be on loan for two weeks, paperbacks for a month and videos overnight.

"A library is a place where people can think," Beaver reflected. "It is a place where they can write

their papers, and it's a challenge for me to help them. I can do catalog search for them. I am happy if I can make people happy."

With these cheerful parting words, Beaver and Sadler emphasized the new General Library hours: 8 a.m. to 3:30 p.m. Monday through Friday, including lunch hour. For more information, they can be called at (510) 633-6127. They have a list of new books they'd like to share with anyone interested.

Navy Family Service Centers offer a variety of classes

Treasure Island

SF-171 preparation workshop

Sept. 8 — 9 to 11 a.m. Learn how to prepare the SF-171 (application for Federal employment) properly and understand the federal hiring procedure.

Credit management workshop

Sept. 9 — 1 to 2 p.m. This workshop will focus on the advantages and disadvantages of credit cards, how to establish credit and the pitfalls associated with credit cards.

Deployment discussion group

Sept. 9 — 3 to 4:30 p.m. Anticipation, loss, detachment and withdrawal are key stages related to emotional adjustments when our loved ones deploy. Come share and discuss ways to better handle stress associated with deployment issues. This facilitated group will be geared towards developing greater awareness of support and networking.

Transition assistance workshop

Sept. 14 — 9 to 11 a.m. This workshop is designed for separating/retiring service members. Topics will include Educational Benefits, Disability Compensation, Home Loan Guarantee Program, Vocational Rehabilitation Program, Burial/Death Benefits, Life Insurance and Medical/Dental Benefits.

Resume writing workshop

Sept. 15 — 8 a.m. to noon. Learn how to write and make your resume a dynamic, attention-getting tool. Come find out how to use civilian terminology to enhance your resume.

Women in the Navy: getting beyond

adjustment and survival

Sept. 15, 22 and 29 — 4 to 5:30 p.m. This three-part support group will enable single and shipboard women to discuss special issues they face within the military and will also identify support and skill-building needs. Future groups and training will be developed from the needs identified in this initial program.

Khaki connection — Family advocacy program

Sept. 16 — 9 to 11 a.m. This month's topic will focus on the Family Advocacy Program and how it applies to service members and their families.

Ambassador's club

Sept. 16 — 1 to 2 p.m. The Family Service Center (FSC) Relocation Assistance Program (RAP) is sponsoring this club. The purpose is to establish an advisory board and obtain support from the military personnel of T.I. The goal is to promote, enhance and market the services of RAP. The club will work towards resource expansion, enhancement of community liaison and increasing networking contacts.

Checkbook management workshop

Sept. 21 — 9 to 11 a.m. If you are new at managing a checkbook or having problems balancing your checkbook, this class will show all what you "should" or "should not" do to maintain a proper checking account.

Job search workshop

Sept. 22 — 9 a.m. to noon. This workshop will concentrate on strategies for job hunting. Come find out what creates vacancies, how jobs are filled and how to look for job openings.

Smooth move workshop

Sept. 23 — 9 to 11 a.m. You will have the chance to meet the people who will handle your paperwork (Housing,

Personal Property/Shipping, and PSD) as well as the Family Service Center relocation staff. Learn about the many resources available to you and your dependents and alleviate some of the stress of relocating.

Interviewing techniques workshop

Sept. 28 — 9 to 11 a.m. Prepare yourself for interviews by attending this informative workshop. Learn the interviewing process, positive answers to frequent and difficult questions, appropriate attire, and more. Be prepared and land the job you want!

Welcome aboard and orientation program

Sept. 29 — 9 a.m. to noon. This program is designed to welcome and orient all incoming personnel and their families to Naval Station Treasure Island. Come find out what you need to know and what services are available on base and the surrounding areas.

Alameda

Resume writing I & II

This two-part workshop presents the basic components of an effective resume so that you may choose the format that emphasizes your special skills and interests. The second session will be a review of the individual resumes and information on how to write a cover letter. These classes will be offered on Thursday evenings Sept. 2 and 9 and Oct. 7 and 14 at 6:30 p.m.. There will be a one-day resume workshop given on Saturday, Sept. 25 and Oct. 30 from 10 a.m. to 3 p.m. Located in building 78, second deck. Call 263-3129.

Starting point

A comprehensive orientation program as well as a brief individual consultation for those seeking information on employment and career choices. It is offered every Monday,

10 a.m. to noon. Get basic information on how to plug into the job market on a full or part-time basis, opportunities for school, training or volunteering. Individual assistance is also available by appointment. Located in building 78, second deck. Tuesday, Sept. 7 and Monday, Sept. 13 - Oct. 25, 10 to noon. Call 263-3129 to register.

Is stress your enemy?

On the job or at home fatigue, anxiety, anger and depression are common feelings when we are stressed. This workshop will help you learn to identify and deal with the stressors in your life. Wednesdays, Sept. 8 and Oct. 13, 9 a.m. - 4 p.m.

New mid day mom series

Mid day moms will be meeting every week for a six week series beginning Wednesday, Sept. 8, 11 a.m. to 12:30 p.m. The Wellness committee sponsors the program and the participants have designed lively group discussions on a variety of topics in which they have an interest. Join us bring a bag lunch. Infants (under 1 year) are welcome! Navy Marine Corps Relief Society will reimburse child care for registered participants. Call NMCRS (510) 769-1717 and let us know you are coming. Wednesdays, Sept. 8, 15, 22, 29 and Oct. 6, 13, 11 a.m. to 12:30 p.m..

Ombudsman advanced training

Advanced training for this quarter will be stress management. Having to juggle your many roles and responsibilities can be very demanding and stressful. Fran Brown will give this all-day workshop designed to help you identify and deal with the demands in your life. Saturday, Sept. 11, 9 a.m. to 3 p.m.

Designing and writing newsletters workshop

Improve the look, style, text and topics of your newsletter. Please join

our workshop group held once each month in the evening. Melinda Wyeth will be available during the day, Monday through Friday, by appointment. Join this on-going group and learn and exchange ideas and information with commands, ombudsman, wives' clubs, support groups and interested others. Wednesdays, Sept. 22 and Oct. 20, 6:30 to 8:30 p.m.

How to fill out standard form 171

This workshop will cover important information on filling out the standard form 171 (SF-171) for government employment and will include how and where to apply for federal service. This workshop is being held on Thursday evening Sept. 16 and Oct. 21, 6:30 p.m. Located in building 78, second deck. Call 263-3129.

How to interview successfully I and II

This is a new two-part workshop using video analysis to help participants prepare for the interview process. There will be an emphasis on verbal and non-verbal communication, preparation for the interview, appropriate attire and how to answer difficult questions. Learn how to make that first impression count and how to interview with confidence. These workshops are being held on Thursday evenings, Sept. 23 and 30 and Oct. 21 and 28, 6:30-8:30 p.m. Located in building 78, second deck. Call 263-3129 to register.

"Woman to woman"

If you are new to the area or looking to connect with others, join this dynamic group of women. Topics of discussion are determined by group interest. Possibilities include quilting, single parenting, beauty tips, relationships and communication. Wednesday, Sept. 29, 6:30-8:30 p.m.

Plus and Minus



by mike meines

Last week I wrote about Carole's All-School reunion in Roscoe, S.D. After it concluded, we were invited and accepted an invitation to her sister and brother-in-law's house in Forman, N.D. Since Carole and I

are only in the heavy dating stage of our relationship (we began this date on a Friday night in 1988 and I think it's going pretty well so far!), I guess that makes DeDe my Significant Other Sister-in-Law, or SOSIL and Bob then becomes my Significant Other Brother-in-Law, or SOBIL.

Anyway, their invitation was very generous and we excitedly accepted.

The regular readers of this column will remember DeDe from her visit to the Bay Area last year. Bob was another "new" introduction for me. He is a native of North Dakota who took a few years to fulfill a Navy career, retired as a Commander and returned. Typically midwestern, Bob is excruciatingly patriotic and has a conservative bent. He has a delightful sense of humor and I really like him. His Navy career must have kept him out of the Midwest during the period when they gave out cartoon names, though. He is just plain Bob.

The plan said that I would

drive DeDe's car and follow Bob. We were to travel on July 5th. Approximately 132 miles.

"This is really a bad day to travel...day after a holiday and all..."

"Mike, be serious. This is the Dakotas."

I had no idea what that meant but I wasn't going to ask either. It didn't take me long to realize what it meant, however. I think we passed four cars in that 132 miles.

As we were traveling along, I learned another lesson about driving in the Dakotas.

"Michael, you're making Bob nervous!"

"How's that?"

"You're following too close..."

Now, there was four car lengths between us.

"What are you talking about? Any ol' car could just slip right between us and I'd lose my place..."

"Look around Einstein...we're the only ones on the road. Now, back off."

Up to this point in our trip,

we had plenty of activities (connected to the reunion) that kept us busy.

DeDe had lots of stuff planned for us in North Dakota, including golf for me; unfortunately it rained almost every day.

Since Bob has his own business, it meant that I got to stay at home with Mom, DeDe and Carole. I love all three of these women with all my heart, but I concede that we have varied interests. Since it was raining, it was suggested that we go to a movie. I got overruled on the Predator and lost the majority vote on Sleepless in Seattle. At this point, however, anything beat sitting around thinking of golf. DeDe asked if I would drive and we were on the way...and on the way...and on the way...

Ninety miles later (that's nine-oh) we arrived at the theatre. One hundred eighty miles round trip. I like a good movie, however...

Our visit was fun despite the watery climate. We watched a lot of game shows, played a lot of cards and in typical

midwestern style, we played BINGO twice in the No Name Bar with the Godmothers. I've just read this paragraph over and it doesn't sound like a lot of fun...but it was. DeDe (bless her heart!) even went out in the rain to play golf with me and ended up flat on her face in a puddle. Before we even got back to the clubhouse, the whole town knew about it.

All in all, there isn't much difference between Roscoe, S.D. and Forman, N.D....except the theatre is closer.

I'm back now. Back amongst the kinder and gentler drivers of the Golden State. Back amongst the locked doors. Back with the smog. Back to the land of tolls on bridges. Back to the five dollar bottle of beer. Back amongst the...wait a minute, what am I saying?

I'm saying - "Later, Baby!"

PERSONALS:

RADM Sanford: Welcome aboard!

Lena Olson: How's Branson?

QMC Elwood: That's three bells for...wait, four bells for...

Judy Grothe: B 4 (and after)

Continued from page two

Reduction in Force questions and answers

(FEHB) enrollment at any time; however, if you cancel your enrollment after retirement, it cannot be reinstated.

Q: By what date do I have to meet the requirements to take the incentive?

A: To receive an SIP, you must meet all eligibility requirements before the end of the approved incentive window period. If you elect to retire, you must meet both the pay incentive and retirement eligibility criteria by the same date. This applies to both CSRS and FERS employees, and would include having paid any deposits for military service that are necessary to be eligible for a civilian retirement.

Q: If I am separated through a RIF, will I get full severance pay benefits?

A: SIP have no impact on severance pay entitlements in an involuntary situation. However, employees eligible at the time of involuntary separation for any form of immediate annuity (regular civilian retirement, discontinued service or early out retirement and retired military) are not eligible to receive severance pay. Even if employees do not elect to apply for retirement, they are still not eligible to receive severance pay.

Q: What is the advantage for taking or not taking the SIP?

A: The SIP involves a one-time lump sum payment. Every employee's personal situation is unique. For some, the incentive offer may be very attractive. For others, it may not. Whether or not there is an advantage to taking this incentive is a decision each employee is going to have to make for her and himself.

Q: Can an employee take

the separation incentive and then collect unemployment insurance?

A: Eligibility for unemployment insurance is determined by the State. In general, only those employees who are forced out of work are considered qualified to receive unemployment. DoD workers who leave under the incentive program do so voluntarily, and will be required to sign a statement that they know they will not be eligible for unemployment.

Q: Can an employee work for other federal agencies (other than DoD) if they take the separation incentive?

A: Yes.

Q: Can employees who resign leave their retirement in place?

A: Yes.

Q: Can the SIP be rolled over into an IRA?

A: The separation incentive is paid as a taxable, lump-sum income. It can be spent, placed in an IRA account, invested or used for any other purposes.

Q: Will this incentive affect our possibility for reinstatement in federal service?

A: The SIP does not affect your reinstatement eligibility other than to prohibit your being rehired in the Department of Defense for one year. However, if you elect a voluntary optional or early retirement, you could only be rehired as a reemployed annuitant. Reemployed annuitants are in almost all cases subject to have their pay reduced by the amount of the retirement annuity that they will continue to receive. SIPs do not provide any special rehire benefits and do not alter current regulations related to the

reemployment of employees who retire voluntarily.

Q: Will the \$25,000 incentive ever rise to \$50,000?

A: The \$25,000 ceiling is established by law. The law would have to be changed for that ceiling to be increased.

Q: If an employee takes the \$25,000 incentive, would the State of California consider it as California income even if that employee leaves the state?

A: Based on a phone contact

Continued from page one

Cancer liaison physician

cancer-related organizations, the Commission has approved more than 1,300 cancer programs in facilities across the country. "It reviews each institution's cancer program for conformity to high standards set by the Commission," Troska said, "and encourages participating hospitals to equip and staff themselves so that they are able to provide the best in the diagnosis and treatment of cancer."

"Recognizing that cancer is a complex group of diseases, the CLP promotes extensive communication and consultation among family physicians, surgeons, medical oncologists, diagnostic radiologists, radiation oncologists, pathologists and other cancer specialists as a means of providing better patient care."

At NAVMEDCENOAK this is achieved through two main activities, Wade said. "We have a weekly multidisciplinary tumor conference in which all patients with newly diagnosed cancer are discussed," he explained. "We also train our surgical residents in comprehensive cancer care. For example, in the case of breast cancer, this may include not only a small operation to remove the

with the Franchise Tax Board, the SIP would be considered a bonus derived from employment in the State of California and, therefore, would likely be subject to California State income tax.

Q: I know that if I accept the SIP and leave that I cannot work for DoD for one year as a permanent or temporary employee. What about contracting to work for DoD? Are there any restrictions?

A: Any work contracted out must comply with governmental contracting regulations and with the rules of ethics and conduct governing former DoD employees who submit proposals to do the work. Some restrictions concerning "selling" and working for DoD contractors exist which restrict former officers and procurement officials. Questions concerning these restrictions may be addressed by the legal office.

(The next issue will discuss annuity benefits)

breast tumor and sample axillary lymph nodes; it also includes radiation therapy for the breast and, usually, adjuvant therapy to prevent recurrence of the cancer. Moreover, after someone has had treatment for cancer, we usually train our physicians to take care of that patient for the rest of her life."

One integral part of an approved cancer program is its cancer registry. As cancer liaison physician, Wade provides support and technical expertise to the command's cancer registrar and encourages the medical staff to use data generated by the registry. All patients who are diagnosed as having cancer or are being treated for the disease are listed in the registry so that the hospital can maintain contact with them and make sure that they receive continuing care and assistance with rehabilitation.

Information collected through the registry allows the command to join in the patient care improvement studies conducted each year by more than 800 hospitals nationally, published in professional journals.

As NAVMEDCENOAK's cancer liaison physician, Wade encourages the command's

participation in the recently established National Cancer DataBase (NCDB) that compiles cancer patient information. Since he was assigned to this command a year ago, Wade said his department has provided statistics on about 325 cases. Ultimately, he will be cooperating regularly with this collection program in the dissemination and interpretation of the resultant reports and subsequent requests for data.

According to Troska, the American Cancer Society estimates that 1,130,000 cases of cancer (exclusive of carcinoma in situ — or non-invasive cancer — and nonmelanoma skin cancers) will be diagnosed during 1993. "Only one-fifth of the hospitals in the United States have cancer programs approved by the Commission on Cancer," she said. "Yet 75 percent of new cancer patients are treated at these hospitals."

For more information on the Cancer Liaison Program at the command, contact CDR Wade or CDR Tim Ganey of Medical Oncology. The former can be reached at (510) 633-5097; the latter at (510) 633-5377.

The Red Rover

This newspaper is named in honor of the Navy's first commissioned hospital ship

Vol. 5 No. 12

Naval Medical Center, Oakland, California

September 24, 1993

CO accepts the challenges

By Andree Marechal-Workman

Naval Medical Center Oakland's new commander, RADM Frederic G. Sanford MC, USN, is no stranger to these shores. He's liked the Bay Area since he was a youngster traveling coast-to-coast with his parents, and his partiality to the hospital goes back to 1968 when he was a young general medical officer (GMO) at Hunters Point Naval Dispensary.

"That was shortly after returning from Vietnam," he said of his Hunters Point tour. "It coincided with the opening of the new Oak Knoll facility. I feel I was one of the first GMOs in the area to refer patients here, meet and socialize with people on the staff and tour the facility at that time as well."

The experience made such a lasting impression, in fact, that the admiral "threw his hat in the

ring quite a few months ago" for the posting at Oak Knoll. And when he heard that the hospital was on the closure list, he "let it be known that [he] was still very interested because [he] knew that there would be challenges and opportunities."

When asked how he would handle those challenges, Sanford said that it is too early in the game to even speculate about the process of closure. However, "I hope people understand that the naval hospital is still going to be operating," he said. "The plan is for it to operate much the same for two more years, and then go through a closure process, probably over a year or more after that."

He added it is especially important that Oak Knoll's beneficiary population is aware of this timeframe because "we want them to stick with us."

But he wanted to dispel rumored misconceptions that the Base Realignment and Closure

Commission (BRAC) was directed at the hospital. "That's absolutely not true," he said emphatically. "The Navy is downsizing and that includes the infrastructure. Naval Medical Center Oakland has a sterling reputation. Its super showing in the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) testifies to its quality, and the command, under the leadership of RADM William Buckendorf, has been very proactive in planning for the future."

One of the most important item on the new commander's agenda is to make sure that any closure-related civilian and military personnel situations are handled "with the utmost compassion, concern and sensitivity for the people involved." He said the civilians would be at greater risk. "Military people will get orders, separate from the service or retire," he ex-

Continued on page 7



RADM Frederic G. Sanford MC, USN

Oak Knoll resident saves a life in Tonga

By Andree Marechal-Workman

Because of the daring and prompt intervention of LT David Sheldon, MC, USN, a patient in the South Pacific is alive today. Sheldon, who just completed his surgical internship at Oak Knoll in June, was

aboard the USS Bristol County (LST 1198) on Aug. 25 when a small local hospital in Nieafu, Island of Vava, in Tonga, requested oxygen and other medical supplies for an emergent operation on a 28-year-old Tongan resident.

According to a Public Affairs communique from the Bristol



LT David Sheldon, MC, USN

County, Sheldon was assigned for temporary duty aboard the ship "during Tafakula 93," a joint Tongan, French and U.S. amphibious exercise" in the South Pacific.

"The USS Bristol County was anchored at Nieafu in support of troops ashore," the communique states, adding that as their embarked medical officer, Sheldon took it upon himself to "ride the boat ashore with the supplies to ensure that the hospital personnel had everything they needed."

However, the local doctor was a pediatrician, not a surgeon, and Sheldon was asked to scrub and assist him in the Operating Room.

"The patient was already anesthetized," the press release states fur-

ther, "and when he explored the patient's abdomen, it became obvious to the young Medical Corps officer that the procedure required was far beyond the local doctor's expertise."

Undaunted by the fact that he had not yet completed a surgical residency, Sheldon forged on and performed an abdominal exploration, concluding that without an immediate bowel resection the patient would die.

Although he had never performed such a procedure alone, the ship's spokesperson pointed out, Sheldon had assisted other surgeons with the technique during his internship. The two physicians performed the very delicate surgery over

the next six hours.

Sheldon's current boss, CDR Raymond B. Leidich, MC, USN, head of Oak Knoll's Urology Department was not surprised when he heard the story. "He was a stellar surgery intern, and if someone had to do the job, it would be him," he said, explaining that Sheldon had only been assigned to his department on an interim basis after graduating in June. "He was very interested in Surgery in general and in Urology in particular, so we are allowing him to train in our department until he starts his flight surgery residency in January."

The operation was a success, the USS Bristol County's communique concluded. "The patient was awake and in much better condition within 24 hours after surgery." Although not yet out of the woods, the odds of his survival have substantially increased because of the Navy doctor's prompt and daring action.

Commander in Chief
United States Pacific Fleet

1 September 1993

Dear Lieutenant Sheldon,

It was with great pleasure that I heard of your recent lifesaving efforts for the Tongan resident requiring emergency surgery. You have truly been an ambassador of good will for the United States and represent the best of Navy Medicine. Your efforts reflect credit upon your skill and judgment as a physician and your training at Naval Hospital Oakland.

Well done!

Warm regards,

R. J. Kelly

R. J. KELLY
Admiral, U.S. Navy

Lieutenant David G. Sheldon, MC, USN
USS BRISTOL COUNTY (LST 1198)
FPO AP 96661-1819

Copy to:
NAVMECEN Oakland, CA

I admire your guts! You know what your limitations and capabilities allowed - and you acted. You saved a human life. B. 3!!

Inside

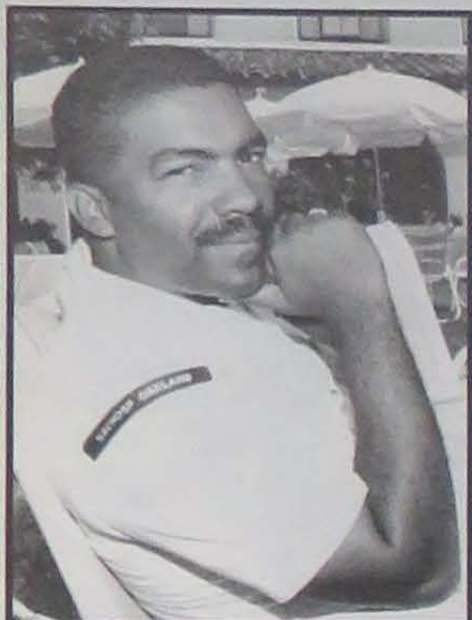
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Oak Knoll Viewpoint

"Can you recommend a restaurant in the area?"

(Official U.S. Navy photo's by HM2 James Sandridge and AA Kevin Cameron)

HM2 James Sandridge
BioMed Photography



"Yu-Hsiang on Park and Santa Clara in Alameda."



SK2 Loren Littleton
Tickets and Tours

"Bobby Robino's Place for Ribs at Fisherman's Wharf"

Roger Graham
Head, BioMed Video



"Michaelangelo's in North Beach, San Francisco."



SN Wael Issa
BioMed Photo

"Super Taqueria on Story and White in San Jose"

BTFN Michael Hammond
Operations/Mailroom



"Everett and Jones off of Fruitvale Ave."

More civilian Reduction in Force questions and answers

This is the second in a series of questions and answers designed to help civilian employees faced with base closure make career decisions. This section concerns annuity benefits.

Q: What is voluntary early retirement (VER)?

A: VER, or "early out," is a strictly voluntary option that allows eligible employees to retire early. Approval from the Office of Personnel Management (OPM) to offer VER must be received before it can be offered at an activity.

Q: Who is eligible for VER?

A: CSRS and FERS employees who meet the following age and service requirements: (a) at least age 50, with at least 20 years and (b) any years with at least 25 years. Service must include at least five years of creditable civilian service. Employees who meet this requirement may use creditable military service to meet the balance necessary for a VER. CSRS employees must also have been employed under CSRS for at least one year out of the last two.

Q: What is the major difference between VER and voluntary optional retirement (VOR)?

A: The age and service require-

ments differ greatly. Under VER, CSRS employees are eligible to retire prior to meeting the eligibility requirements for a normal optional retirement. However, their annuity will be reduced 1/6 of one percent (or 2 percent a year) for every full month they are under age 55.

Q: I am currently a retired military employee. Can I combine my military service time to meet the eligibility requirements for VER under CSRS and FERS?

A: Yes. However, it will be necessary to waive your military retired pay and, in most cases, you will need to make a deposit to your retirement system for post-1956 military service.

Q: How much money can I expect to receive on a monthly basis?

A: You can contact our Civilian Personnel Office and someone will provide you with an estimate.

Q: Will my annuity be reduced if I retire on a voluntary early retirement?

A: CSRS employees - If you are under 55, your annuity will be reduced by 2 percent for each year (1/6 of 1 percent for each full month) you are under age 55. This reduction is permanent. FERS employees -

There is no penalty. Employees who have transferred to FERS and are vested in CSRS - The 2 percent penalty for every year under 55 will apply only to the CSRS component portion of the annuity.

Q: When will my annuity start?

A: It will begin the first day of the month following the effective date of retirement. However, the annuity of an employee under CSRS program who retire the first, second or third day of the month will begin on the day after separation.

Q: When I first started working, I took a position for which no CSRS retirement contributions were deducted from my pay. How can I get credit for my time?

A: CSRS employees - If the service was performed prior to Oct. 1, 1982, it is creditable in full toward retirement eligibility and in computing your annuity. However, if you don't make a deposit for this service, your annuity will be reduced by 10 percent of the amount of the unpaid deposit, including interest. If the service was performed on or after Oct. 1, 1982, it will be used to determine retirement eligibility, but is not creditable for annuity computation purposes unless you make a deposit, with interest, for the service.

FERS employees - If the service was performed prior to Jan. 1, 1989, it will not count toward retirement eligibility or in computing your annuity unless a deposit, with interest, is made prior to the final adjudication of your retirement application. If the service was performed on or after Jan. 1, 1989, it is not creditable under FERS, and a deposit cannot be made for this service.

Q: I previously withdrew my retirement contributions. What impact will this have on my retirement annuity?

A: CSRS employees - This period is creditable in establishing your retirement eligibility; that is, in meeting the service requirement, subject to the following rules: If the service for which you received a refund terminated before Oct. 1, 1990, you will not be required to make a deposit and full credit will be allowed in the annuity. However, the annuity will be reduced based on the amount you owe and your age at retirement.

If the service for which you received a refund terminated on or after Oct. 1, 1990, you will be required to make a redeposit in order to receive credit in the computation of the annuity. If a redeposit is not made, the service is creditable for establishing your retirement eligibility only.

FERS employees - If the refunded period of service is used in your CSRS component, this service is creditable for the annuity; however, the CSRS portion of your annuity will be reduced based on the amount you owe and your age at retirement. If, on the other hand, you do not qualify for a CSRS component, this service is not creditable for meeting service requirements for the annuity.

Q: How can I apply to make a CSRS redeposit or a deposit for civilian service?

A: CSRS employees - Normally you should complete an SF-2803 Application to Make Deposit or Redeposit. However, if you are within six months of retirement, you don't have to submit the SF-2803. OPM will notify you of the amount owed and give you the opportunity to make a payment prior to finalizing your retirement application.

Q: If I take voluntary early retirement, will I be eligible for the Alternative Form of Annuity (AFA) lump sum option?

A: No. The AFA/lump sum is presently limited to employees who voluntarily retire under an optional retirement with a life threatening affliction, or who are separated involuntarily and qualify for a discontinued service annuity.

Q: What is the AFA or the Lump Sum payment?

A: Employees who are eligible for and who elect the AFA can generally choose to receive the lump sum in either one immediate payout or in two 50/50 payouts a year apart. The lump sum consists of all money in the employee's retirement account. For most, this would include retirement contributions and any deposits or redeposits. In addition to the lump sum, the employee receives a reduced monthly annuity. The formula for computing the reduced annuity is designed so that the lump sum payment combined with the reduced annuity is "actuarially" equivalent to a regular annuity that the employees would otherwise have been eligible to receive over their lifetime. According to Webster's dictionary, "actuarially" relates to statistical calculation, especially of life expectancy.

Continued on page 8

Red Rover

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Attention all hands!!!

In deference to a legitimate union concern, the hospital has decided not to evaluate the civilian input into the recent "Command Managed Equal Opportunity Program" questionnaire. The Command Assessment Team would, however, like to thank the civilian employees who took the time to answer this questionnaire.

POW/MIA Recognition Day

In March and April 1973, (then) Naval Hospital Oakland processed some 20 Vietnam prisoners of war and gave them the hero's welcome they so richly deserved. That was 20 years ago.

The March 23 and April 6, 1973's issues of the, then, command information newspaper, The Oak Leaf, marked the event with exclusive interviews and photographs. Some of these are reprinted here to keep memories alive and remind Americans that many servicemen are still missing...

On March 29, 1973, CDR Richard Stratton, ex-POW (shot down in 1967 while carrying out acts of an undeclared war on a combat mission over North Vietnam) shared a press conference with fellow prisoner of war, LCDR Rodney Knutson, who was shot down near Hanoi in 1965. Here's what they had to say about their treatment by the North Vietnamese, as recorded by Jo Spivey, editor, in The Oak Leaf, Vol. 34, No. 34, Friday, April 6, 1973:

"...In an emotionally filled voice, [CDR Stratton] declared his intention to request the State Department to charge Ho Chi Minh, Thon Bang Gong, Bo Vinh Giap, Major Bui and the unnamed general in charge of the political department of the North Vietnam Army with war crimes perpetrated on him contrary to the United Nations Declaration of Human Rights, International Law, the Geneva Convention and the charters setting up the Nuremberg and Tokyo Tribunals.

"LCDR Knutson also stated that 'never ever' were the prisoners treated according to the Geneva Accord. He agreed that the enemy's definition of 'lenient and humane treatment' was that they might per-

mit you to live, but that everything over was just so much gravy...

Both CDR Stratton and LCDR Knutson, and indeed most of the prisoners, were exposed to rats in their soup, regularly had to eat with one hand and guard their rice bowl from becoming black with roaches with the other. Stale bread and cabbage was the main diet.

"CDR Stratton stated that he was tortured in many ways, burned with cigarettes, had his nails bent back and was kept in solitary confinement for a total of 18 months. He was harassed, put on public display and otherwise humiliated and cruelly treated by his captors in an attempt to get him to break the Code of Military Conduct and to admit (an untruth) to having bombed Hanoi in December 1966.

"At one point after shootdown, due to the cruel treatment, his right arm was the size of his thigh. Nodules appeared under his arm giving every indication of serious blood poisoning. At this point his captors

transferred him to another camp to see if he would die. The second expectation was that they would have to cut off the arm. If he survived, they would make him be known as the 'Mad Bomber of Hanoi.'

"Both CDR Stratton and LCDR Knutson, and indeed most of the prisoners, were exposed to rats in their soup, regularly had to eat with one hand and guard their rice bowl from becoming black with roaches with the other. Stale bread and cabbage was the main diet.

"CDR Stratton's last beating came about on Apr. 29, 1970, and there was no primary reason for the stoppage of which he was aware. After that date, in general, the food improved, although it remained substandard. And the days continued to be 'awful long...'

Knutson battered unmercifully

"LCDR Knutson was shot down near Hanoi in 1965. Although it was said by the Vietnamese that they were giving the POWs 'lenient and humane treatment, he said, 'Not on your life!'

"A favorite torture was to take a prisoner with a broken arm and work the arm up and down like a water pump. One man stood with arms overhead for 30 days 'holding up the wall.' LCDR Knutson personally had teeth knocked out and suffered a broken nose which swelled his eye shut. He suffered internal injuries, and after shootdown went six days without food or water. He was put in stocks around his ankles and had his arms bound behind him...

"He described his treatment at the hands of tormentors..." while my ropes were still tying my arms together, I was beaten across the buttocks with a bamboo club...to a point until my buttocks were just hamburger. There was blood spattering against the wall each time the club fell...at which time I finally started screaming...



When he arrived at the command, CDR Richard Stratton shouted, "We're free!" At two different press conferences in March and April 1973, he was able to speak of his years of imprisonment and the scars that remain. (Official U.S. Navy photo)

Few exceptions likely

"When asked how many men likely received such treatment, CDR Stratton prefaced his statistics by saying that it was heard through latrine buckets and various methods, but as of December, 1971, 95 percent of the men had been tortured. Forty percent were in solitary confinement over six months, 20 percent over one year and 10 percent over two years. Some

prisoners were in solitary over four years..."

There was more, much more. But on this Recognition Day, these few comments serve as a memorial to all service members, dead and alive. They also remind us of the sacrifices they made for their country — calling attention to the horrors of war and helping us to renew our commitment to peace.



LCDR Rodney A. Knutson, USNR, received a 55-foot telegram from the citizens of Billings, Mont., welcoming him to safety after seven and a half years of captivity. (Official U. S. Navy photo)

SN Ron Stevenson

Oak Knoll's August Sailor of the Month

By AA Kevin D. Cameron

"I wonder why this *@#% computer won't turn on?" Odds are your first response would be to call Naval Medical Center Oakland's Sailor of the Month, SN Ron Stevenson.

Four years ago, when Stevenson entered the Navy, he considered himself to be a "human guinea pig." His first six months were spent as a human research volunteer at Naval Biodynamics in New Orleans, La. "I think they scrutinized every part of my body...twice... and then checked it all again," he said.

The scrutiny during his first six months in the Navy has carried over to his assignment at the hospital. "I've always wondered what makes things tick" the New Orleans native asserted. A normal day for him in the Information Systems Department (ISD) could include any number of technical problems. The greater the challenge, the greater the reward of solving intricate troubleshooting tasks. "I've had to



SN Ron Stevenson

handle everything from unplugged monitors to replacing entire circuit boards," he continued.

Handling everything certainly describes the lengths Stevenson has gone to in becoming an integral part of ISD. "I make an extra effort each day not to let information slip by," he insisted. Whether it involves staying late, coming early or just plain asking the right questions, Stevenson continues to increase his computer knowledge.

Beyond computers, however, the Sailor of the Month is continuing his quest for a bachelor's degree. In between working on his own personal computer, playing two rounds of golf each week and spending time with his 14-month-old daughter, Ryane, his goal is to complete his degree in computer sciences. With over two years of college credit, he can focus on the specific courses that apply to the computer field.

His focus on the job has led to a 33 percent faster response time for trouble calls at Oak Knoll, from 72 to 48 hours. "The greatest savings came from training and exercises," he said. With a broader base of knowledge, everyone is capable of handling most situations, and more difficult problems can receive higher priority.

For now, the priority is to maintain the excellence that has gained SN Ron Stevenson the distinction of being Naval Medical Center Oakland's Sailor of the Month for August. "If the computer won't start... check the plug first," he said with a smile.

Always on the move

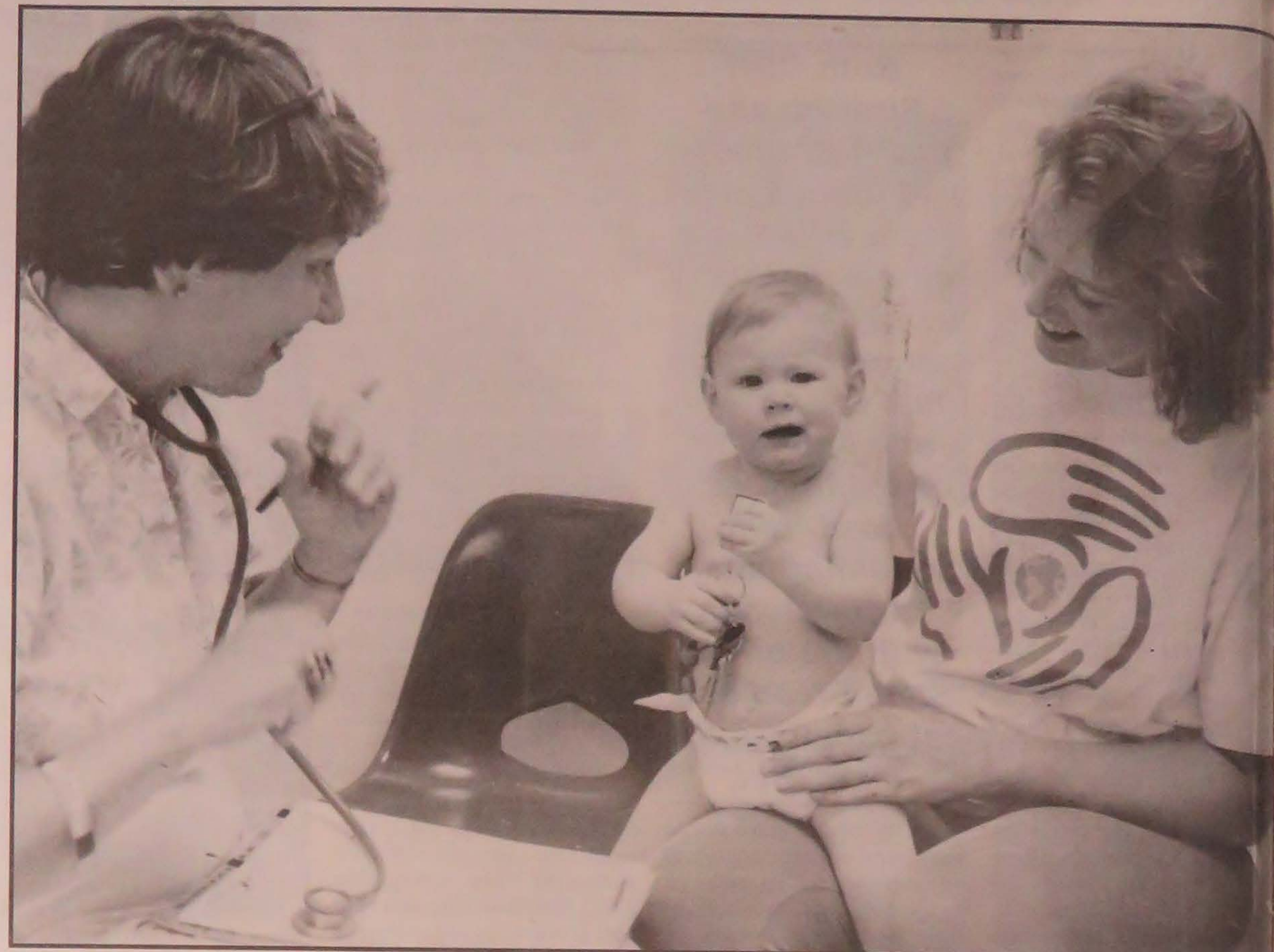
By Andree Marechal-Workman

Taking care of all active-duty members who man aircraft carriers and other ships stationed at Naval Air Station Alameda and Naval Supply Center would seem a tall order for any outpatient medical facility to handle. Add the crew of the aviation squadrons, the staff of several maintenance activities, the Aviation Depot and several other shore-based commands. Tack on a few thousands military dependents, and you have a beneficiary population the size of a small city.

Personnel assigned to Branch Medical Clinic Alameda are faced with ensuring the health of that population and providing medical surveillance for the industrial workers both on ship and ashore. Military sick call, immunization, pharmacy, physical examination, physical therapy, occupational health, optometry, industrial hygiene, and more — the list is long and continues to grow despite the downsizing taking place within all Department of Defense activities.

How does the clinic handle staff shortages and diminishing budget? "We reduce waste and rework," said its officer in charge, LT Richard Beaudoin, MSC, USN. "Using the Total Quality Leadership (TQL) approach, we're looking at processes, we're reducing waste and improve the quality of the services we provide our customers."

Reworking the watch bill,

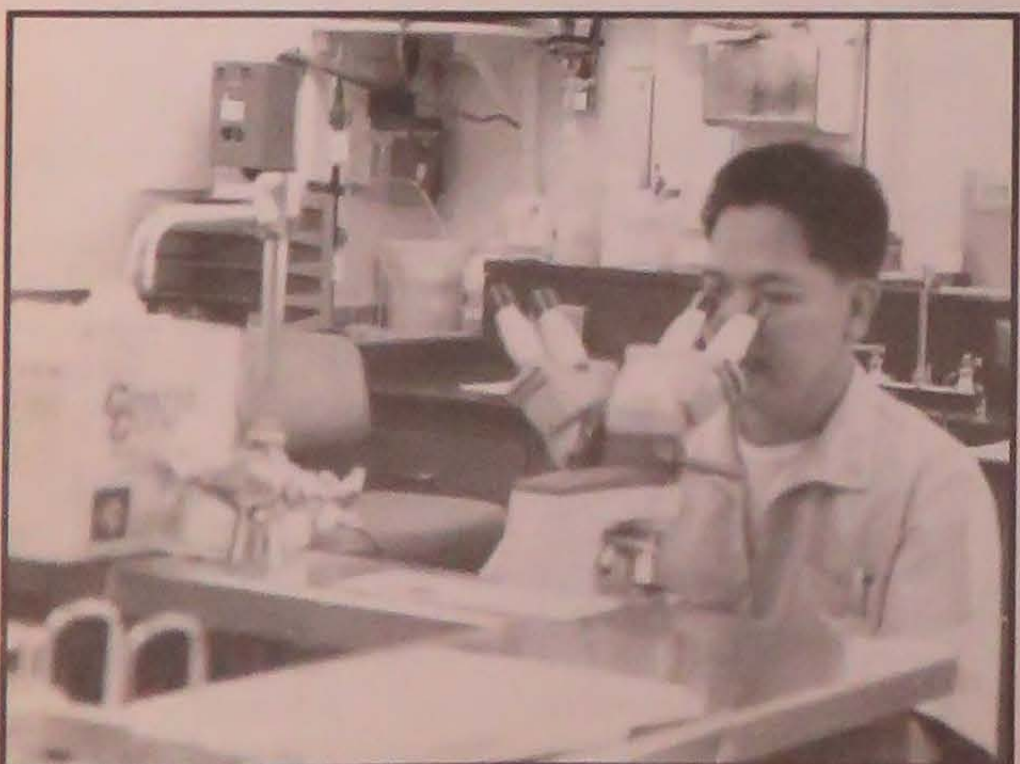


Baby Amanda Wusk is about to be examined by the clinic's pediatrician, Anita L. Mitchell, M.D. (left), as her mother, Denise Wusk, smiles on. Mother and daughter belong to BT2 Rodney Wusk, who is on SIMA's (Shore Intermediate Maintenance Activity) staff.

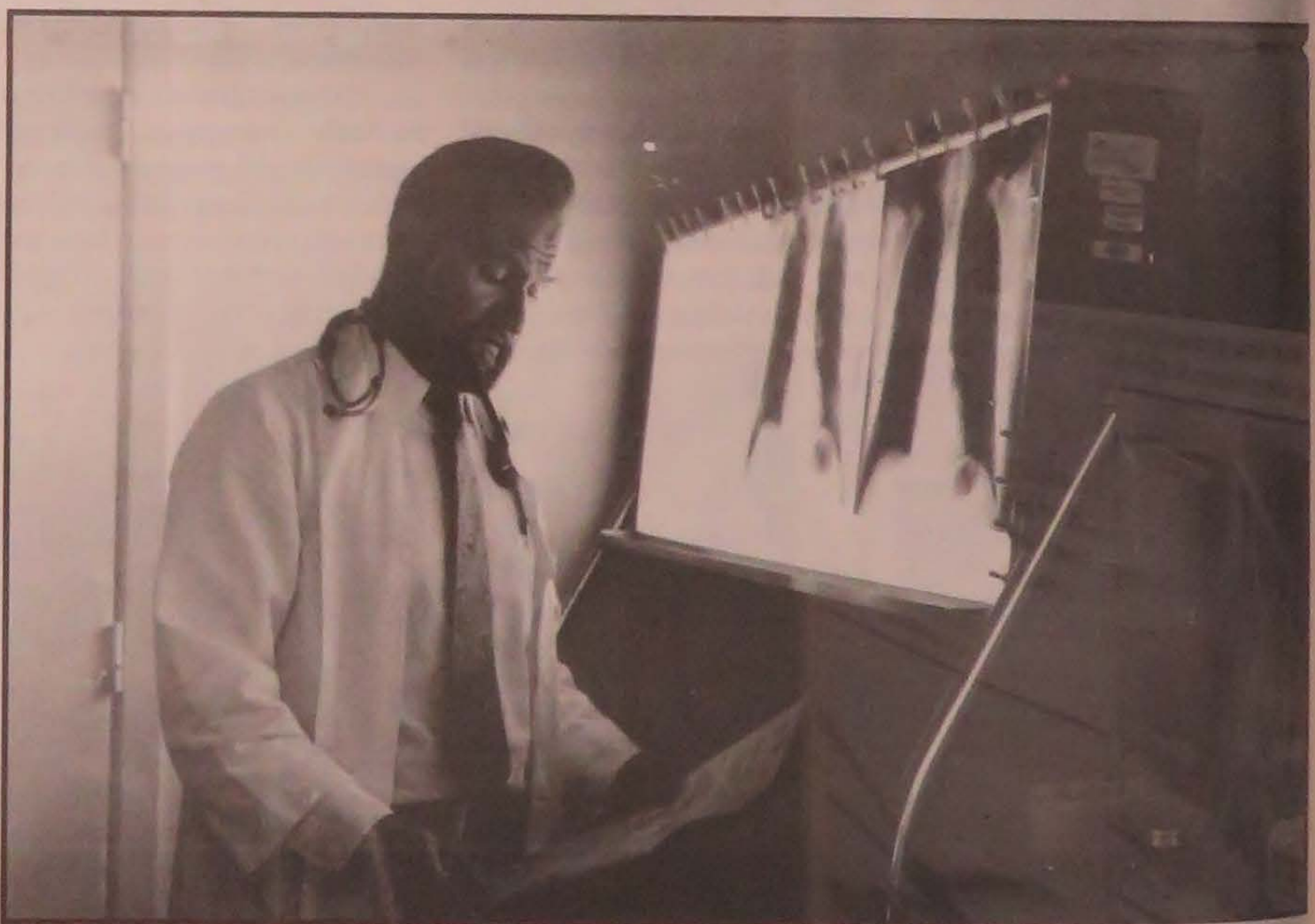
thereby reducing the number of personnel involved with after-hours support, is one accomplishment of which Beaudoin is very proud. "We did it in increments, using the FOCUS PDCA model," he explained, speaking of one of TQL's problem-solving instruments. "We changed



The sailors who line up the brow of USS Carl Vinson (CVN 70) are beneficiaries of Branch Medical Clinic Alameda.



HMI Fidel Villanueva of the Laboratory examines a specimen on a slide.



Dr. Alexander A. Chikanchi, a staff physician in Occupational Health studies the results of an X-ray.

our after-hours care and checked with all the crew members as we adjusted it. Now we have smaller duty sections and selected corpsmen working 12-hour shifts, and they're our primary Emergency Medical Team (EMT) respondents. That eliminates the need of having people staying up all night and it eliminates requirements we don't have people to support. "It also improves the quality of the service we provide by having a cadre of super trained people available. In addition, it improves staff morale because the corpsmen can now plan for their day-to-day activities." This is especially beneficial for single parents or for parents with deployed spouses, the lieutenant added.

A few weeks ago, the Navy started renovation to the WWII-vintage building housing this dedicated group of medical healthcare providers. "It's been in the plans for a long time," Beaudoin said, pointing out that "the face lift" is not done because of the Base Realignment and Closure Committee's decision to recommend closure of several Bay Area military bases. "It is a scheduled building maintenance planned long ago to improve our basic capability to provide health care."

This means more space to house more services; for example, adult outpatient services for dependents and retired beneficiaries below 65, which Beaudoin said he hopes to bring to the clinic. "Specifically, most of the building's

floors, walls and ceilings will be redone," he explained, adding that a couple of modifications of the existing space are also on the drawing board "to provide more room for mammography and expanded pharmacy services."

The clinic will retain the medical coverage afforded by the two flight surgeons assigned to the clinic. One is the clinic's senior medical officer, LT Barbara Gibson, MC, USNR, who provides flight surgeon and aerospace medicine support for the base personnel.

"A flight surgeon's main job is preventive medicine," she said. "What we do is work in conjunction with the squadron safety officer and we talk about aeromedical

Continued on page 5

e at BMC Alameda

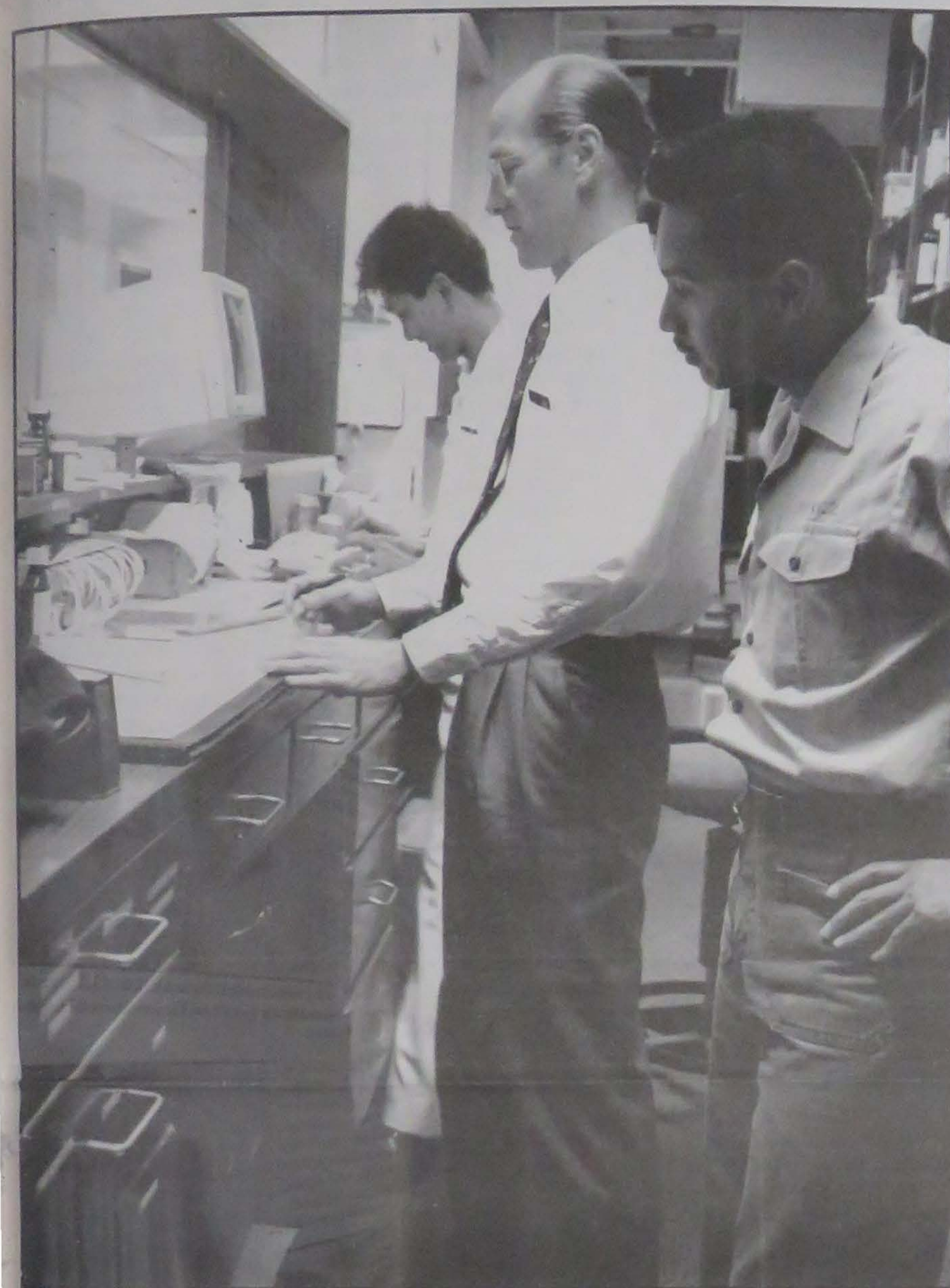
Continued from page 4

problems in aviation and provide regular briefs to their crew. We also provide physical exams and evaluations of illnesses and injuries and make recommendations regarding readiness for resumption of aviation duties [thereafter]. It's a kind of occupational medicine specialty."

The other is CDR F. Stanley Jones, MC, USN, attached to HM 15, the Helicopter Mine Countermeasures Squadron that conducts very shallow water (VSW) operations (mine sweeping). Like Gibson, he's involved with prevention and safety and sees active-duty and dependents on an emergency and space available basis. However, unlike Gibson who is part and parcel of the clinic, he belongs to the HM 15 Squadron. He deploys with them on short training missions of two or three weeks. "My work at the clinic is more in the

category of collateral duty," he explained, adding, however, that, like Dr. Gibson, he sees patients for acute problems on an emergency and space available basis. "We don't set priorities by status, but according to the severity of the problem," he said.

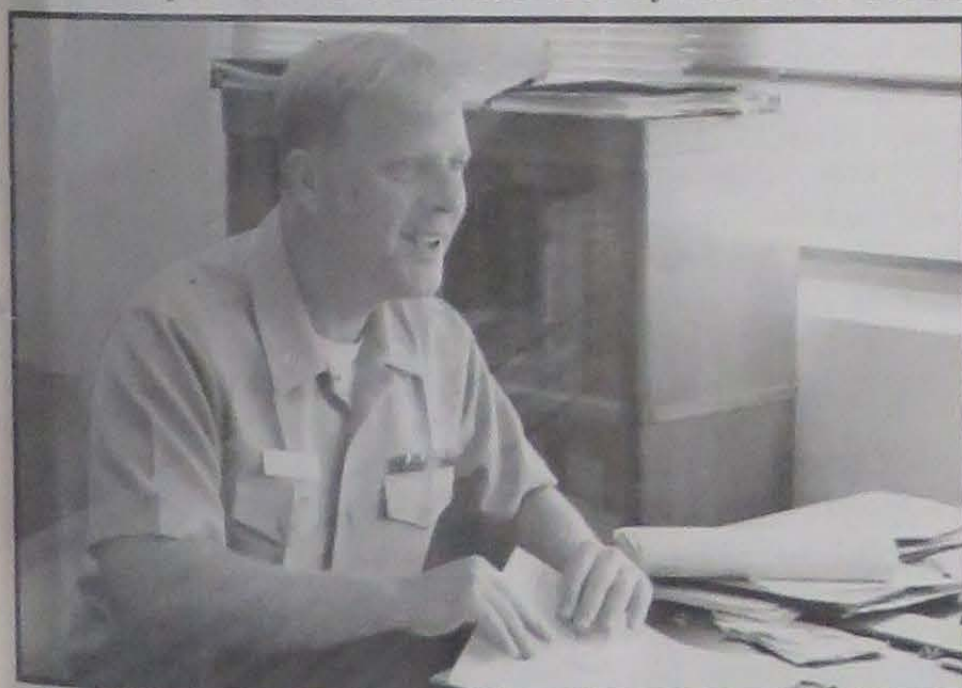
According to the officer-in-charge, his clinic's staff of 100 military and civilian personnel serves an estimated patient population of 60,000. But a ratio of one to about 600 doesn't worry LT Beaudoin. He's working on getting additional technicians, especially "Lab, Pharmacy, X-Ray, Optometry people and probably nurses." And if the fates do not work in his favor, there's always "reduce waste and rework." With his energy and enthusiasm for TQL, providing healthcare to a community the size of a small city doesn't phase him one bit.



Head pharmacist, Joseph Bosak, (center) and HM3 Rennel Atienza (far left, background) check a shipment of medicine delivered by SK3 Pedro Perez.



HM3 Latonia Cook, staff X-ray technician, (sitting) discusses an X-ray with HM3 Ray Kohlman.



OIC Richard Beaudoin smiles as he explains how he's going to make the many improvements he's planning for the clinic.



Optometrist, LT Jeff Liu, MSC, USNR examines a patient.

Page 4 and 5 official
US Navy photos by
Andree Marechal-
Workman.



LT Brian Shuessler, public affairs officer for HM15 Squadron, poses in front of one of the huge mine sweeping helicopters. The squadron members are the responsibility of flight surgeon, CDR F. Stanley Jones, who also provides medical care at the clinic.

Chaplains Corner

God has a recycling program

By J.L. Kennedy, LT, CHC, USNR

Wander through the streets of my town on "trash day" and you'll see the colors of recycling paper, glass, aluminum, tin etc. The community is "into recycling." My family is "into recycling." We don't like to throw anything away that we can use again.

For example, my husband salvages things. He is given a broken down lawn mower—a neighbor was discarding it. He takes it apart, cleans a few connections and makes it purr with efficiency. I pick up a broken sofa in need of refinishing and new upholstery and restore it to an antique parlor piece. We bought a "98-year-old-fixer-upper-house" and we're restoring it. We see beauty and po-



tential in what others view as "too much work" or "junk." The truth is, it takes a lot of time, energy and investment of tender loving care can transform an "eyesore" into a "thing of beauty," but it can be done.

The world is full of things. . . and people in need of transformation. I'm not a humanist. I don't see the world as getting

better and better because of innate goodness of human nature and the increasing knowledge of the computerized, space age world. I only have to read and listen to the news media to recognize that we are living in a world of hurt and pain.

The good news is that God has a recycling program, too. Using human beings in relationships, we can offer the tender, loving care to each other's lives in a way that brings wholeness. This is probably truest in a hospital where we have the daily opportunity to touch the lives of those who are injured—physically, emotionally and spiritually. It's an attitude that becomes reflected in what we do and say. As a pastor, Jerry Cook wrote in his book entitled, *Love, Acceptance and Forgiveness*:

"When love, acceptance and forgiveness characterize our

lives and our churches, the Lord will send us people who need to be made whole. . . (An acquaintance had confronted him concerning the 'kinds' of people who came to his church, by saying,)

"You know what you are out there? You're nothing but a bunch of garbage collectors." . . (to which he replied) That's exactly what we are, garbage collectors. Weren't we all just garbage? God finds us and recycles us.

"I mentioned this in church one Sunday and afterward, a man who owns a garbage collection agency came floating up the aisle, all excited. 'That's supper,' he said. 'Let me tell you something about garbage. There's a landfill near here. For 10 years we used it as a place to dump trash and gar-

bage. Know what's there now? A beautiful park.'

"I've seen human garbage become beautiful too. I've seen the stench of sin turned into the fragrance of heaven. That's our business. We can't worry about what critics think or say. Where is God going to send the 'garbage' if He can't put it on our door-step? When love, acceptance and forgiveness prevail, the church of God becomes... a center of love designed for the healing of broken people, and force for God.

So the next time you hear yourself saying you don't attend services because "they are all a bunch of hypocrites" remember that we're in the business of transforming and God's not finished with any of us yet. Instead, get on board with those who bring healing. Join us for services and ministry music. Make a difference... become a garbage collector-recycler.

Nutrition and exercise: What your body needs

By LTJG Barbara Ragan, MA, RD

TRUE or FALSE:

Salt tablets are necessary to replace sodium lost in sweat?

ANSWER:

FALSE: Salt tablets are unnecessary because of the small losses through perspiration. Sodium is involved in the maintenance of normal water balance and distribution. It is absorbed through the intestinal tract and excreted through urine, feces and sweat. This mineral is widely available in the ordinary diet. In a healthy person there is little chance of de-

ficiency, but there is a chance of excess.

The usual intake of salt is six to 18 grams daily. Present evidence indicates that .6 to 3.5 grams is adequate daily intake. Salt is 40 percent sodium and 60 percent chloride. It is used in cooking, processing and as a seasoning. Generally more sodium is present in protein foods than in fruits or vegetables. Fruits contain little or no sodium. Generally, fresh foods contain minimal amounts of sodium, while processed foods usually contain high amounts of sodium-containing additives. The sodium content of water varies around the country, but it can also be a significant addition to the total daily intake.

In clinical medicine there is

frequently a need to restrict sodium intake in order to control the over-retention of body water, as with edema or hypertension. To maintain life the body only requires 250 milligrams of sodium a day. Americans tend to consume 4,000 to 7,000 milligrams a day. This is much more than the requirement. (Editor's Note: Reference for this article is Mahan, L.K. and Arlin, M., *Food, Nutrition and Diet Therapy*, 1992)

Sodium content of various food groups

Milk, regular, 8 oz	120 mg
Cheese, regular, 1 oz	200 mg
Meat, fish and poultry, 1 oz	25 mg
Vegetables, cooked, fresh	
and frozen, half cup	10 mg
Fruits, half cup	2 mg
Bread, 1 slice	150 mg

HIV and you

By LCDR Catherine Wilson, NC, USN

BUMED Washington (NSMN) — Mental health problems associated with Human Immunodeficiency Virus (HIV) infection and Acquired Immunodeficiency Syndrome (AIDS) profoundly affect the lives of an increasing number of people worldwide.

Among the primary challenges these individuals may face are dealing with the psychosocial stresses associated with a life-threatening illness, making necessary social, economic and lifestyle changes, sustaining multiple losses, experiencing chronic grief and combating discrimination and negative societal reactions. In addition, it is estimated that up to 70 percent of HIV-infected individuals will develop manifestations of neurological involvement sometime during the course of their illness. These symptoms may increase stress and decrease coping ability through changes in cognition, affect and behavior.

Mental Health providers bring a variety of skills to the care of HIV-infected individuals. They can help identify and resolve the emotional distress and typical adjustment issues faced by HIV-infected patients and their significant others. They can identify pathologic adjustment reactions and major psychiatric disorders which are sometimes precipitated during the course of HIV infection.

As members of the health care team, mental health providers can provide support to their colleagues and help them explore their concerns about HIV infection and working with HIV-infected clients. Finally, they may be called upon to diagnose and treat Neuropsychiatric problems associated with HIV infection.

For more information or to become a Navy HIV instructor, call the Navy HIV program at (202) 295-0048 or DSN 295-0048.

(Editor's Note: Information obtained from Mountain-Plains Regional AIDS Education and Training Center, HIV/AIDS Curriculum, 4th edition, 1992.)

Oak Knoll Briefs

Overhead paging system

The overhead paging system repairs have been completed and the system is in use. The new speakers have such power applied to them that, if tampered with they could cause severe personal injury. Please do not attempt to make any adjustments or modifications to the speakers or cabling. If problems arise call Communications Department at 633-5891

Security note

During the ceremonial hoisting and lowering of the National Ensign "Colors," vehicles within sight or hearing of the ceremony shall be stopped. Persons riding in such vehicles shall remain seated at attention. During colors all military personnel in uniform shall ren-

der a salute facing the ensign, carrying the salute until "carry on" is sounded. Military personnel not in uniform shall stop, face the ensign and place their right hand over their heart. If covered, men shall remove their headress with their right hand and hold it at the left shoulder, the hand being over the heart. Navy Regulations, Chapter 12, Section 2, Paragraph 1206,1207.

"Sound of music"

Mondays and Thursdays, 11 a.m., at the command, a range of music from contemporary secular to Christmas spiritual will be sung this fall. Come sing your "Do Re Mi's." Point of contact for further information is Chaplain J.L. Kennedy. She can be reached at 633-5561.

Voting update

The following elections will occur in the next few months. For information about how to vote in any of the elections listed, contact the Command Voting Officer, LT T.L. Priboth at 633-5820.

STATE	DIS/CO/CITY	TYPE	DATE
Michigan	3rd U.S. Congressional	Primary	Nov. 2
Virginia	State, Local	General	"
Pennsylvania	Pittsburgh, other cities	Mayor	"
New Jersey	State, Local	Governor/Senate/ others	"
New York	State, City	Mayor, City offs.	"
Puerto Rico	Special election	Political status	Nov. 14
Washington	Seattle, other cities	Mayor, City offs.	Nov. 2
Florida	Cities in Dade County	Mayor, City offs.	"
Ohio	Toledo, other cities	Mayor, City offs.	"
Kentucky	Louisville, other cities	Mayor, City offs.	"
Montana	Cities	Local offices	"

I can't believe I ate the whole thing!

By LCDR Keith H. Fiman,
MC, USNR, Head,
Gastroenterology

Naval Hospital Jacksonville, Fla.—Virtually everyone has experienced heartburn or indigestion at some point in his or her life. For most people, it is at worst a nuisance, a reminder not to overindulge. For some people, however, it can become a disabling problem.

Gastroesophageal reflux, or heartburn, occurs when acid from the stomach comes up into the esophagus (swallowing tube) and irritates or burns the sensitive tissue that lines it. In severe cases, the lining can become raw and cause internal bleeding or can form scar tissue, actually closing off the opening through which your food passes. When this happens, a sensation of choking on food or of food not passing through into the stomach will occur. This is more likely to happen with dry or bulky food such as steak or chicken. It is a serious condition. A piece of food can actually become lodged in the esophagus and cause severe damage. This symptom can also be a warning sign of esophageal cancer.

Often, but not always, heartburn sensation occurs in the setting of a hiatal hernia, a separation of muscle tissue above the stomach. Many people believe that a hiatal

hernia is painful, but that is not the case. Hiatal hernia pain only occurs when heartburn accompanies it.

Heartburn is also more likely to occur when lying down, especially after a large meal. In addition, smoking, alcohol, caffeine, peppermint and even vigorous exercise can all make heartburn worse.

For most patients, heartburn can be controlled fairly easily. Most treatments usually involve over-the-counter medication and lifestyle changes. Obese patients should attempt to lose weight; patients should cut down or eliminate tobacco, alcohol (especially red wine), caffeine, peppermint and spicy foods. Large meals should be avoided, and the patient should take care not to lie down or exercise soon after a meal. Finally, it is often helpful to elevate the head of your bed six to eight inches with blocks or bricks (this really works better than merely using pillows).

Over-the-counter antacids are available in many forms and brands: powders, liquids, tablets and capsules. Take whichever form is most comfortable for you. Baking soda, an old home remedy, is effective as well, but should be avoided as it can lead to complications in some patients.

Tablets, such as Tums, Roloids and the newer Maalox and Mylanta tablets, are convenient and easy to

use. Gaviscon, though not truly an antacid, can be very effective for some patients. Liquid antacids offer the most rapid symptom relief, but they can cause diarrhea and should be used carefully in patients with kidney disease. Alka-seltzer, which

contains aspirin, should probably be avoided, as the aspirin can further irritate the esophagus and cause bleeding.

If over-the-counter aids don't do the trick, see your physician to determine if further tests and treat-

ment are needed and whether one of the wide variety of prescription drugs available are necessary for your condition. If you are treating yourself and not improving, consult your physician; there may be better treatments available.

Safety Tips

Barriers add extra layers of safety to your pool or spa

Play it safe this summer by adding one of several new barriers that restrict access to your pool or spa, says the National Swimming Pool Safety Committee (NSPSC). Young children are naturally attracted to water and effective barriers such as fences, power covers, door alarm systems and door closing mechanisms can help detect and prevent unsupervised access to the pool or spa.

As part of the annual "Operation Water Watch" program, a national effort to reduce drownings in all bodies of water, the NSPSC urges parents and pool and spa owners to use a "layered" approach to safety, combining several barriers to prevent drownings and near drownings. This tragedy accounts for 300 drowning deaths each year of children under age five. In some states a drowning is the leading cause of accidental death in children in this age

group.

In most drownings in residential pools, adult supervision had lapsed just momentarily. Almost 50 percent of these children were last seen inside the home before the accident. Constant supervision, effective barriers and knowledge of cardiopulmonary resuscitation (CPR) are good ways to prevent this from happening.

Every pool should be enclosed by a barrier consisting of a fence at least four feet high with self-closing, self-latching gates. When the house is on one side of the barrier, the pool should also have a power safety cover, or doors leading to the pool should be equipped with exit alarms, or should be self-closing and self-latching. The latches should be high enough to be out of reach of young children. Check the pool barriers and the spa cover on a regular basis to make sure that

they are in good working order.

However, Lester Kowalsky, chairman of the NSPSC Steering Committee, stresses that adults cannot defer their supervisory responsibility to barriers alone. "Parents and caretakers of little ones must keep an eye on children at all times," he said. "Parents should not develop a false sense of security because they have pool barriers. They must learn how to administer CPR and other lifesaving techniques. In a crisis situation, basic emergency procedures can help until emergency medical personnel arrive. Post emergency medical services numbers near the pool, and keep a phone nearby."

Have fun in your pool or spa, and don't forget to check that the gate is latched and the cover is closed behind you!!

For free water safety information, call 1-800-323-3996.

Navy Ombudsman and Marine Corps Key Volunteer Appreciation Day

On Sept 14, 1993, the Department of the Navy saluted and thanked the Navy Ombudsman and Marine Corps key volunteers who so generously serve our commanding officers, service and family members around the clock throughout the year.

Our Ombudsman and key volunteers are our advocates and first responders to a myriad of

service member and family needs. They provide a warm welcome to newcomers, valuable guidance and a helping hand during times of separation, deployment and difficulty. Most importantly, they provide accurate and timely information about general resources provided to us by our local commands and community agencies.

These enthusiastic, caring, energetic individuals create the network of support that ensures the continued well-being of those who serve this nation and the ones they love.

S/ John H. Dalton, Secretary of the Navy

(Editors Note: Naval Medical Center Oakland's Ombudsman is Melody Jimenez. She can be reached at (510) 633-5667.)

Challenges: continued from page one

plained. "I expect that our primary thrust will be to work very closely with the Human Resource Office (HRO) to make sure our civilian personnel have access to all the various programs and transition assistance available."

He will do this with "absolutely every means of communication" he can muster. "I consider communication a key in the closure process," he clarified. "People have to know what's happening and when it's likely to happen. Personally, starting in mid to late October, I intend to conduct Admiral's Calls on a regularly scheduled basis, making sure the maximum number of people can attend, regardless of their shifts. I also intend to have subject matter experts available to answer questions and address specific issues."

Not least on the commander's mind are the hospital's beneficiaries, including retirees. He said he plans to install a Beneficiary Information Office coincidentally and

together with the Aetna Life Insurance Company when they take over the CHAMPUS Reform Initiative contract from Foundation Health early next year.

"We will be very sensitive to the needs of the MEDICARE population as well," he added, "realizing that they have special and unique concerns regarding base closure."

This is not to say that planning for closure is not being conducted, the soft-spoken admiral was quick to point out. In fact, being a steadfast believer in Total Quality Leadership (TQL), he sent a team to Long Beach Naval Hospital to find out how that command is using the TQL approach to close its own facility. "They have Quality Management Boards (QMB) and Process Action Teams (PAT) assigned for all issues that might occur in connection with closure, and I want our team to get an idea of the scope and breadth of involvement of the personnel there," he said.

"I believe strongly in the TQL approach," the skipper

continued, adding that he wants our people to follow a similar path. "Not that we're sending them to Long Beach to get back and start to work," he cautioned. "They're going down just to find out how one hospital has done it very successfully" and take notes.

Meanwhile, RADM Sanford and his wife, Mary Jane, will continue to play tourist whenever they have the chance. Starting from their base quarters "at the top of the hill," they're going to go back to Yosemite and explore some of the other California parks, soaking up the local color and taking advantage of the Bay Area's amenities — the San Francisco Opera, the Symphony, the wine countryside and all those wonderful restaurants.

In other words, our commander wants to take full advantage of the opportunities afforded by a Navy career. Unlike the sailor of Navy lore who "only saw the sea," he's prepared to experience the entire world of Northern California.

Navy Family Service Centers offer a variety of classes

The following classes will be held at FSC T.I. Center building, unless otherwise noted. Pre-registration for attendance is mandatory.

Annual Navy/Marine Corps retiree seminar, Oct. 2, 9 a.m. - 1 p.m., building 271.

Adult CPR training, Oct. 4 and 18, 7:30 a.m. - noon.

Khaki connection—Family advocacy program, Oct. 5, 9 - 11 a.m.

SF-171 preparation workshop, Oct. 6, 9 - 11:30 a.m.

Sponsor training and support workshop, Oct. 7, 8 - 9:30 a.m.

Parenting of young children, Oct. 12, 19, 16 and Nov. 2, 10 - 11:30 a.m. This four-part course is designed for parents of children ages 18 months to six years.

Ambassador's club, Oct. 12, 1 - 2 p.m.

Infant and child CPR training, Oct. 12, 7:30 - noon.

Resume writing workshop, Oct. 13, 8 a.m. - noon.

Single and in search of healthy relationships (a four-part support workshop), Oct. 13, 20, 27 and Nov. 3, 2:30 - 4 p.m.

Intercultural awareness, Oct. 14, 1 - 3 p.m.

"Images of Style"—Dressing for success, Oct. 14, 10 a.m. - noon. This workshop is designed for women.

Car buying workshop, Oct. 19, 10 - 11:30 a.m.

The job search workshop, Oct. 20, 9 a.m. - noon.

Smart shopping and spending tips for the holidays, Oct. 20, 1 - 2:30 p.m.

Just for spouses, Oct. 21, 9 a.m. - 2 p.m. Child Care funds are available for this class.

Vanpooling presentation, Oct. 21, 1:30 - 3 p.m.

Stress management, Oct. 21, 1 - 4 p.m.

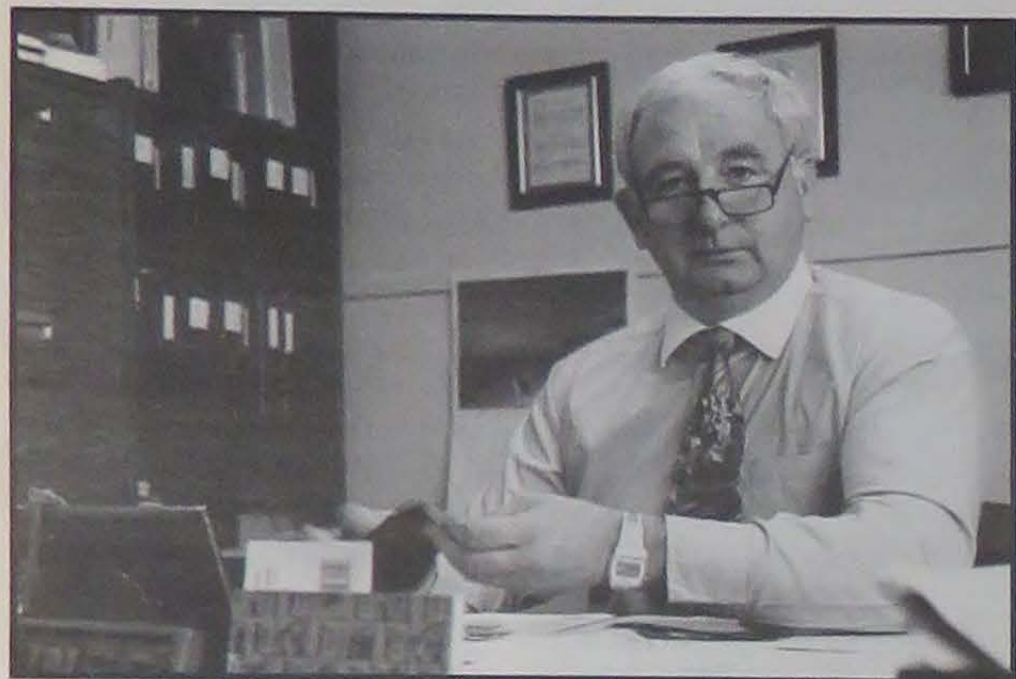
Transition assistance workshop, Oct. 26, 9 - 11 a.m. This is for separating/retiring service members.

Welcome aboard and orientation program, Oct. 27, 8 a.m. - noon.

Barbecue fundraiser, Oct. 28, 11 a.m. - 2 p.m. Tickets are on sale at the FSC building 257, Treasure Island.

For more information, contact Belinda L. Laguno, program coordinator. She can be reached at (415) 395-5179 / 5189.

Plus and Minus



by mike meines

I hate this part.

Just over a year ago, I reported aboard for duty as public affairs officer at Naval Hospital Oakland. Prior to this assignment, I had spent better than twenty years with the Army. I was apprehensive and wasn't sure what to expect. When I got here, I found a remarkable place with remarkable people.

Last month, I was called and asked to accept a position as public affairs officer for Madigan Army Medical Center

in Tacoma, Washington.

There were a couple of factors to consider. First of all, I was the PAO for Madigan for three years in the 80's. Second of all, I grew up in that area and I have three sons living there.

On the pro side, I have two wonderful grandchildren there and on the con side, I have two wonderful grandchildren there. Since I haven't spent a lot of "quality" time with them for geographic reasons, I have lots to make-up. Lots of spoiling to accomplish. Loud toys to purchase. Grandfather stuff, you know.

After weighing all the facts, I made the decision to accept the position. It was a difficult decision to make for many reasons. I really love the Bay Area. I really love Naval Medical Center Oakland. I really love the friends I have made here. I have one of the best staffs anyone could ask for. My superiors have been compassionate, kind and understanding.

I feel that Naval Medical Center Oakland is ready for the challenges in the future. It will be a difficult and arduous task, but with the kind of people who are employed by this facility it will be accomplished with dignity and grace. This facility has been extremely important to the Navy as well as its beneficiaries for a long time. I have no doubts that it will continue in that tradition.

By the time you read this column, my little 4-door Datsun will be working its way up Interstate 5 toward the Pacific Northwest. My thoughts will, of course, be focused on what's ahead but every once in awhile, I will reflect on what we accomplished here in Public Affairs.

This newspaper serves as the showplace for Public Af-

fairs. It is our life's blood. It is what we are all about. We don't have ownership because it is the commander's newspaper. We do have pride in what we have accomplished. The design and content of the paper has changed radically from a year ago. It would be a very big surprise to me if it doesn't win a lot of awards in this year's judging. JO2 Stephen Brown is responsible for the majority of those changes. He is one of the most talented journalists I have ever worked with. He is a dedicated, compassionate sailor who will continue performing minor miracles for the Medical Center.

Andree Marechal-Workman is the editor of the Red Rover and has done an outstanding job. She also designs and puts up the displays in the lobby. Most of you know Andree and so I won't go on too much except to say that I hope we can work together again in the future. She has made me laugh a lot.

Recently, Naval Medical Center Oakland and Public Affairs lost a valuable employee with the de-

parture of a very talented intern. Ms. LaRell Lee is a very talented lady who is pursuing her degree in Atlanta. She made many valuable contributions to this command and, hopefully, she will once again join us next summer.

In the masthead and the photocopies you may have noticed an Airman by the name of Kevin Cameron. This young man was assigned to this office in a limited duty capacity. He watched, listened and learned. He has proved to be a valuable member of Public Affairs whom I have learned to rely on. Watch for his name in future issues...he's good.

There are others and I don't want to forget any past members of the PAO...Kyna McKimson, John Dziki or Kay Lorentz...

Listing all the people who have influenced me in some way would require three or four issues so I'll stop. I hope that the ol' Plus and Minus guy was able to provide a smile once in awhile.

I'll never say goodbye...just... Later, Baby!

PERSONALS:

READERS: I'll miss you all!

Continued from page two

Reduction in Force questions and answers

Q: How will my FERS annuity be computed?

A: If you are under age 62 or have less than 20 years of service, your annuity is 1 percent of your high-three salary, times your years of service. If you are at least 62 at retirement and have at least 20 years of service, your annuity is 1.1 percent of your high-three salary, times your years of service.

Q: How is my high-three average salary determined?

A: It is figured by averaging your highest basic pay over any three consecutive years of service. Basic pay does not include amounts for overtime or bonuses. It does include pay received as a result of a temporary promotion, geographic locality pay rates and shift differential for FWS.

Q: How is my annuity computed if I transferred to FERS?

A: If you had at least five years of creditable civilian service covered by either Social Security or CSRS when you transferred, your annuity is made up of both a CSRS and FERS component. Military service performed before you transfer to FERS is credited under CSRS rules if you qualify for a CSRS component. Military service performed after your transfer to FERS is credited under FERS rules. The CSRS component is computed under CSRS rules, and the FERS component under FERS rules.

Q: Will my FERS annuity be reduced if I have not attained age 55?

A: Your annuity will be reduced only if you qualify for a CSRS component in your annuity. The CSRS component will be reduced by 2 percent for each year (1/6 of 1 percent for each full month) you are under age 55. The reduction is permanent; however, your FERS component will not be reduced.

Q: What is the special retirement supplement?

A: FERS employees - It is an annuity supplement paid by OPM that estimates the Social Security benefit earned while you were under FERS. It is paid until you become eligible for a Social Security benefit at age 62.

Q: Who is eligible for the special retirement supplement?

A: FERS employees who retire on an immediate voluntary retirement which is not reduced for age, if the employee has completed at least one calendar year of FERS service and is under age 62.

Q: If my annuity has both a CSRS and FERS component, can I still receive the special supplement?

A: FERS employees - Yes, if you had one full calendar year of service subject to FERS computation rules.

Q: How is the special supplement computed?

A: FERS employees - The supplement is computed as if you were age 62 and eligible for Social Security benefit when the supplement begins. By law, OPM first estimates what your full career (40 years) Social Security benefit would be. Then, it calculates the amount of your civilian service under FERS and reduces the estimated full-career Social Security benefit accordingly. For example, if your estimated full-career social Security benefit is \$1,000 and you have worked five years under FERS, OPM will divide five by 40 (.125) and multiply (\$1,000 x .125), or \$125. The result would be your Social Security supplement, before any reductions.

Q: Do salary or wages earned after I retire affect the supplement?

A: FERS employees - Yes. Your retirement supplement, like Social Security benefits, is subject to an earnings test. It is reduced if you earn more than the exempt amount of earnings in the year immediately preceding.

Q: Can my FERS basic benefit

also be reduced because of earnings over the minimum level?

A: No

Q: How long will I continue to get the special retirement supplement?

A: FERS employees - It will continue until the earlier of (1) the last day of the month before the first month for which you would be entitled to Social Security benefits or (2) the first day of the month in which you reach age 62.

Q: What if I don't apply for Social Security benefits at 62 or I am not eligible for them, can I continue to get the special retirement supplement after I reach 62?

A: FERS employees - The supplement ends at age 62 regardless of whether or not you receive benefits from the Social Security Administration (SSA)

Q: I am a FERS employee. Will I be entitled to cost-of-living adjustment after retirement?

A: Yes, you will be eligible for COLA increases after age 62. Under rare circumstances, however, some employees may be eligible to receive COLAs sooner; for example, disability annuitants, law enforcement officers, firefighters, etc.) If your annuity included a CSRS component, you will be eligible for increases immediately on that portion.

Q: How do I obtain information about Social Security and Medicare?

A: The SSA offers several pamphlets, books and fact sheets that explain these programs. We suggest that you contact your local SSA office if you have specific questions about benefits or entitlements. You can also call, toll-free, 1-800-772-1213, any business day from 7 a.m. to 7 p.m. for additional information.

Q: I previously made voluntary contributions to CSRS. Will these be refunded to me as excess contributions?

A: There will be no automatic re-

fund, but you may apply for this at any time before you retire. Otherwise, your annuity will be increased as a result of the voluntary contributions.

Q: I am a CSRS employee. Can I withdraw my retirement contributions in a lump sum if I decide to resign and elect the separation pay incentive?

A: Yes, as long as you will not be eligible for an annuity within 31 days after separation.

Q: How about FERS employees?

A: Only the basic FERS benefit (currently .80 percent) of FERS contributions is refundable. The remaining portion (currently 6.20 percent) is paid into Social Security (FICA). Caution: If you withdraw the basic FERS benefit and later decide to return to federal service, you can never repay this withdrawal, and this period of time can never be used to meet future eligibility requirements, or for annuity computation.

Q: Is this refund taxable?

A: Only the interest portion of the refund is taxable. However, interest is not paid to anyone who is vested in CSRS (five years or more of creditable civilian service).

Q: I am a CSRS employee. If I decide to resign, is there a time frame in which I have to be reemployed in the federal civilian service in order to remain covered under CSRS only?

A: Yes. You have to be reemployed and covered under CSRS within 365 days from separation from your CSRS covered position. In other words, if you separated from a permanent CSRS-covered position, you have to be reemployed into a permanent CSRS-covered position within 365 days. Temporary employment will not extend this timeframe.

Q: What happens if I cannot get reemployed in the federal civilian service during this timeframe?

A: If you were vested in CSRS at the

time of your separation (five years or more creditable civilian service), and you are reemployed permanently after 365 days, then you would be covered under the CSRS offset system. If you were not vested at the time of your separation, you would be automatically covered under FERS.

Q: When a retirement pension is received, is there a limit or restriction on amount earned if that person takes a job in private industry or start his/her own business?

A: No.

Q: If a person has 20 years in but is not yet 55, can he/she resign (not retire), collect \$25,000, leave the retirement untouched until age 55, then start drawing full retirement at 55 without age penalty?

A: No. If employees wish to defer their retirement until some time after they have separated from civil service, they must wait until age 62 to start their annuity. This applies to CSRS employees.

Q: If I have 24 years total federal service and over a year's sick leave accumulated, will that give me the required 25 years for early retirement? If not, why not?

A: Federal regulations determine what is creditable for meeting length of service requirements for retirement. Sick leave cannot be used to meet the minimum years of service or age requirement to be eligible for either optional or early retirement. Sick leave can be used to extend your creditable service only for computing your annuity after you meet the minimum age and service requirements. This restriction applies whether the retirement is voluntary or the result of involuntary action; for example discontinued service retirement. For CSRS or FERS employees with CSRS component, sick leave is not used in computing FERS annuities.

The Red Rover

This newspaper is named in honor of the Navy's first commissioned hospital ship

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Naval Medical Center, Oakland, California

October 22, 1993

CAPT Norman O. Williams

New head of Pastoral Care

By Andree Marechal-Workman

Captain Norman Williams, CHC, USN, has been all over the world and served in many impressive commands since he joined the active-duty U.S. Navy in 1974, but when he talks about his career, his seven months in Saudi Arabia, is a subject about which he is most enthusiastic.

"We put up huge camouflaged tabernacles and the young people flocked," he said about his service with the Third Marine Air Wing when it was deployed during Operation Desert Shield/Storm. "I mean, we had crowds every Sunday, and Christmas of 1990 was phenomenal. It was a candle light service, and we used those little [fireproof] neon sticks while

singing 'Silent Night.' It was spectacular."

Although he didn't get his wish right away, Williams was inspired to join the Navy after being a civilian pastor for 9 years, when his brother was in Vietnam. "It was an idea," he explained. "I wanted to do something a little bit different, to be involved in what I foresaw as a very exciting kind of ministry."

For the past 19 years he's been doing something so different and exciting in each of his many tours that he's hard pressed to name a favorite. "I have always felt that each one was the top of the heap," he asserted, adding that he's looking forward to his Oak Knoll ministry as a great learning experience because he's "never had a tour with a hospital before."

When asked what his greatest challenge would be as the

command's top Navy chaplain, Williams didn't hesitate. "To become a good ward visitor," he said with conviction. "I've never been in a hospital ministry," he said, "never asked for one. But when [this billet] was offered to me, I thought it an exciting prospect."

The captain's uniform sporting eloquent rows of ribbons will help achieve his ward visiting goal since Naval Medical Center Oakland's (NMCO) patient population is primarily military or retiree. "That's a point of contact," said the native of Seaman, Ohio, explaining that it provides a conversational springboard from which to start — sharing experiences, speaking about "where we've been and what we've done."

Otherwise, CAPT Williams said he has no special management agenda beyond making sure the department maintains its momentum, "learn the people, especially the staff. Learn their personalities, see how best they work together and how I can best work with all of them."

The United Methodist minister is most and foremost a pastor. A Navy pastor to be sure, but he's very conscious of a prevalent need for leadership in faith development in and out of the military. "I think we're drifting further and further away from a faith-rooted society," he declared, adding that the military is no exception, that opportunities for ministry in the military are abundant and the need compelling. "For instance, when you look at this sheet," he said pointing to a list of names (Report #1009), "the number of 'none' in the section asking for religious preference makes my job more important."

Influenza: What it means to you

The influenza season normally runs from October through November, but this year it started a bit earlier, with an epidemic of Type A Beijing strain hitting Louisiana in the early part of October.

According to the U.S. Public Health Service, influenza is an acute viral disease of the respiratory tract characterized by fever, headaches, myalgia (muscle pain), sore throat and prostration. Those are self-limiting symptoms and, usually, recovery occurs within two to seven days. However, the importance of influenza shouldn't be dismissed lightly because it can rapidly evolve into a major epidemic, with widespread occurrence. It can also have seri-



Captain Norman Williams, CHC

On the personal side, Williams said his most serious dislike is being a geographical bachelor. "I've been away from my wife [the former Janet Sue Parsons] for too long," he lamented. "She's still in Southern California waiting for our house to be sold. I spent two years without her when I was in Italy [at Commander, Fleet Air Mediterranean in Naples] and seven months before that, when I was deployed to the desert. It would be nice if we could start living together again."

Some of his likes are harder to define because he can agree with

most everything and is easily pleased. "I find it easy to get along with people generally and have a very high threshold of frustration," he said with a smile. "Things don't get on my nerves very easily"

But he has some very definite hobbies that range from woodworking to "building buildings and working with the finer stuff like furniture" to auto mechanic, "especially working with air cooled Volkswagens," to gardening.

CAPT Williams and his wife have three children, Andrew, Niklas and Amy.

Combined Federal Campaign

CFC Kickoff



HM3 Hattie Tapps relates a personal experience that highlights the rewards of donating to the CFC. (Official U.S. Navy photo by AA Kevin Cameron)

vaccination will take place Oct. 25-29, with a one-stop health record verification.

Fortunately, annual vaccination will greatly reduce an individual's chances of becoming infected with influenza. Here at Naval Medical Center Oakland, mandatory active-duty

Immunization for adult dependents and retirees started in 8 South on Oct. 4, and will continue through November and

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OakKnollViewpoint

**Recently at BMC Alameda we asked,
"Aside from your current assignment, what is your most memorable tour?"**

(Official U.S. Navy photo's by AA Kevin Cameron)

HMC Yvonne Wood
Head, Administration
Department



"USNS Chauvenet—The hours were long, the work was hard...but everyone worked long and hard. Liberty was very enjoyable, as well."



HM2 James Hartman
Health Records

"3rd Marine Division, Okinawa, Japan, both in 1986 and 1992. I appreciated the organization and caring attitudes of both Navy and Marine sides of the house."

LTJG Saja Burgess
Sick Call



"Roosevelt Woods, Puerto Rico from 1987 to 1989. I worked in the Lab with an office that overlooked the mountains and palm trees. My off-base housing had an incredible view of the Virgin Islands and to top it all off, I got married there."



Beulah King
Military Sick Call

"I was working on the fifth floor, medical/surgical ward, of the Veterans Hospital in Palo Alto, Calif. In 1974 I saw all the staff from other departments running out of the building. There had been an earthquake and our floor didn't feel it!"

HN Georgia Roberts
Ancillary/Laboratory



"My three-month tour as a Program Student Input (PSI) at BMC Chase Field, Beeville, Texas. I was able to learn a tremendous amount of skills and knowledge."

Even more questions and answers about RIF

This is the third and last segment of questions and answers designed to help federal employees faced with Reduction in Force make career decisions.

Survivor benefits

Q. Do I have to provide a survivor annuity for my spouse?

A. Yes, unless you have your current spouse's consent not to provide the maximum survivor benefit annuity.

Q. What impact will the separation incentive pay (SIP) have on my survivor annuity election?

A. The SIP will not affect your survivor annuity election.

Q. What do I need to do to ensure my dependent children receive benefits after I die?

A. Nothing. Survivor benefits for dependent children are provided by law, and no election is

necessary.

Military service

Q. How is military service credited?

A. CSRS employees - For employees first hired before Oct. 1, 1982, creditable military service performed after 1956 is creditable for both meeting eligibility for retirement and in the computation of their annuity. However, for an employee who becomes eligible for social security at age 62, the post-1956 military time will be deleted for the civil service annuity, and the annuity will be recomputed. This reduction can be avoided by making a deposit to the retirement system for post-1956 service time.

FERS employees - Service prior to January 1957 is added to your length of service and used to compute your annuity provided you are not receiving

military retired pay. Military service performed after 1956 is creditable only if you made a deposit for this service. Consult with our personnel office if your post-1956 military service is to be included in a CSRS component.

Q. If I decide to make my post-1956 military service deposit, when should I do it?

A. It must be paid to the Payroll Office prior to retirement. If you decide to retire immediately and have not had an opportunity to initiate a deposit application or complete your deposit, you must complete OPM Form 1515. This form is available in the personnel office. Your deposit must be paid in full before OPM completes the adjudication of your annuity.

Q. How is my annuity affected if I decide not to make a deposit for my post-1956 military time?

A. If, at age 62, you become eligible for Social Security, the post-1956 military time will be deleted from your civil service annuity, and the annuity will be recomputed. Again, this reduction at age 62 can be avoided by making a deposit to the retirement system for post-1956 military time.

Q. If I am receiving military retired pay, how can I receive credit for my post-1956 military service?

A. FERS employees - You must waive the retired pay and make a deposit for any post-1956 military service before you can receive credit for the service.

Q. I am receiving military retired pay. How does this affect me as a federal employee and my eligibility for retirement separation pay?

A. Special rules govern retired military who are now federal employees. If you meet the age and length of service requirements for either optional or early retirement based on your civilian service alone, you are eligible for a retirement separation incentive. If your civilian employment began on or after Oct. 1, 1982, and you must combine your military and civilian service to meet the age and length of service requirements for either optional or early retirement, you must sign a waiver of your military retired pay to be eligible for a retirement separation incentive.

Civil service retirement credit for post-1956 military service can be awarded only if a deposit for military service is made. No exceptions. At this time, to be eligible for a retirement SIP, that deposit would have to be paid prior to the ap-

proved SIP window period.

If you were first employed under CSRS before Oct. 1, 1982, and must combine your military and civilian service to meet the age and length of service requirements for either optional or early retirement, you have the option of either (1) making the 7 percent deposit for post-1956 military service, thereby avoiding a reduction in annuity at age 62 or (2) receiving credit as in the past and having your annuity reduced at age 62.

Under option (1), the 7 percent deposit, plus interest, can be made any time before retirement. You must sign a waiver of your military retired pay to be eligible for a retirement SIP. All military retirees: If you waived part of your military retirement pay in order to receive service-connected disability pay (tax-free pay) from the Veterans Administration (VA), the VA part of your military retirement pay does not have to be waived. You will continue to receive your service-connected disability pay from the VA.

Leave

Q. What will happen to my accumulated sick leave when I retire?

A. CSRS employees' unused sick leave will be added to their active service after meeting service requirement for eligibility for voluntary optional retirement or voluntary early retirement.

FERS employees will not receive credit for unused sick leave. If they have a CSRS component, the sick leave earned prior to transferring to FERS (or what is available when they retire, if less) will be used in computing the CSRS portion of

Continued on page 8

Red Rover

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College degree available at Oak Knoll

By Andree Marechal-Workman

During her visit at Naval Medical Center Oakland in August, Director of Navy Nurse Corps RADM Mariann Stratton stressed the importance of a college education for career-oriented sailors. "If you plan on a Navy career you'd better include entering a degree program on your own," she said to an audience of nurses and warrant officers, adding that the Navy can only provide educational support for a limited number of service members.

According to CAPT Janet Arnett, NC, head of Education Training Department, getting a degree can be a very easy task for Oak Knoll personnel who

College course limits removed for tuition assistance

WASHINGTON, D.C. (NNS) — The Navy is removing the six-course limit from the tuition assistance (TA) program for Fiscal Year (FY) 1994.

"We've planned very carefully, and for this reason, now have sufficient dollars to offer tuition assistance without a course restriction," said Dr. Frances Kelly, director of the Navy's Voluntary Education Program.

The six-course restriction began in FY-93. The cancellation of the limit will assist sailors pursuing additional education. "We believe follow-on education is one of the best investments a sailor can make in his or her future," said Kelly.

TA is available to both officer and enlisted personnel, and pays up to \$285 for an undergraduate course or \$395 for a graduate-level course. TA may be used only for the first associates, bachelors or graduate degrees earned. It may not be used to support a second degree program at the same academic level.

"Tuition assistance for classes offered either on base or at a local college campus is only one way a sailor can work towards a college degree," added

elect to take advantage of Chapman University's college degree programs. "They offer a bachelor's degree (B.S.) in Health Sciences and a master's degree (M.A.) in Health Administration right here at Oak Knoll," she said, emphasizing the convenience of being able to take classes after work and, in some instance, taught by command instructors. For example, this semester, LT Johnnie Benamon of the Equipment Management Department is teaching HA 521, Health Service Management I, a required course for the master's degree in Health Administration.

Arnett said that the Chapman program is open to active duty personnel, dependents, DoD civilian employees and retirees. "The students pay

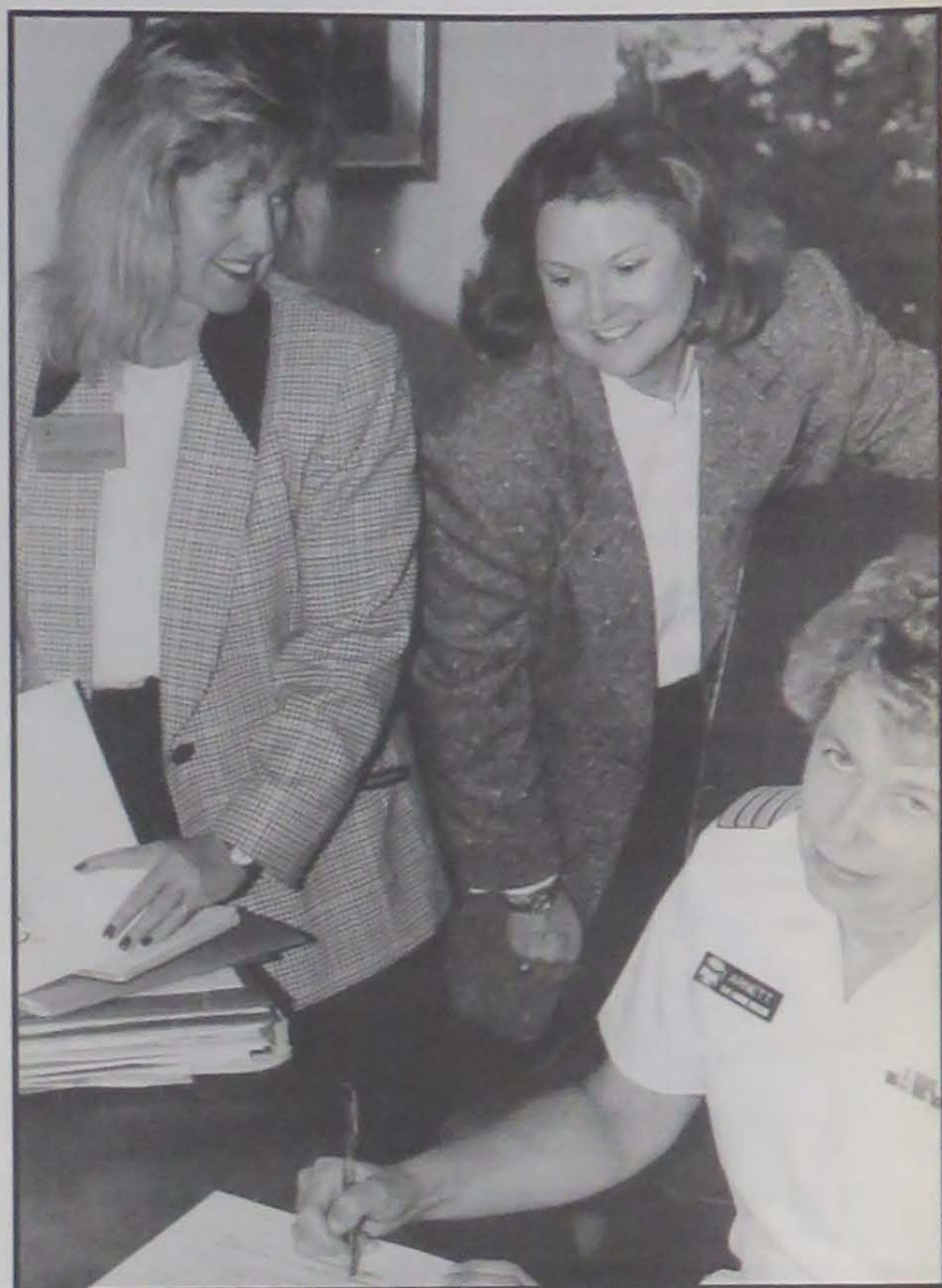
a fee per class," she explained, "but tuition assistance pays 75 percent of the tuition except for E4 and below." She added that, with a scholarship from Chapman University, the latter pay \$41 and tuition assistance picks up the rest.

According to Navy Campus Treasure Island representative, Rebecca Steely, student share for E5 and above is \$129.75 for undergraduate courses and \$134.25 for graduate courses. No tuition assistance is available for dependents and DoD civilians, but military retirees can take advantage of the G.I. bill.

Point of contact for appointments and further information, including class location, date and description, is HMC Juanito Oliva. He can be reached at (510) 633-5257.

Navy Campus T.I. is a facilitating office that coordinates with universities in and outside of a given area to bring classes on bases and to offer other types of non-traditional education.

"Chapman is an excellent program which I highly recommend to anyone who is eligible," the captain continued, reiterating RADM Stratton's advice. "A high school diploma is simply not enough. For any job that has career potential, you need at least an A.A. degree and, in most instances, a B.A or B.S." An attractive feature of the Chapman program is that students who have completed two full time nine-week terms, the equivalent of 12 accelerated semester units, are eligible for a Service Members Opportunity College Navy (SOCNAV) agreement. "With this agreement students can transfer earned credits to any college or university in the country and receive their diplomas from Chapman," Arnett explained. "For example, with a SOCNAV agreement, service members on permanent change of station (PCS) can continue taking



Susan Hamilton (left) and Rebecca Steely are all smiles while the head of NMCO Education and Training, CAPT Janet Arnett, NC, signs the agreement for Chapman University to conduct classes on base. Hamilton is director of the University's Alameda Academic Center; Steely is the Navy Campus Treasure Island representative. (Official U.S. Navy photo by AA Kevin Cameron)

courses at universities near their new station, and Chapman will accept the credits and eventually award the degree."

"There was a good turn out for fall registration on Oct. 5th," said Arnett speaking of the term that started Oct. 18, "and we hope for an even better one in January [when the new term starts on Jan. 10]." A minimum of eight undergraduate students and five postgraduates is necessary for a class to be convened.

Prospective students can prepare for attendance to the winter term by having their service record and any previous college work evaluated by Steely, who comes to the masterchief's office every other Tuesday. She can also assist them with processing the special request chits for tuition assistance, thus saving them a trip

to Treasure Island.

"Other educational opportunities are also available at the Command Education Department," Arnett concluded. The department can administer college level examinations through the College Level Examination Program (CLEP) and assist students in challenging courses. It can also give Defense Activity for Non Traditional Educational Support (DANTES) subject examinations. "We do testing every second and fourth Friday of the month," Arnett said, "but arrangements can be made for those who cannot meet those dates."

Point of contact for appointments and further information, including class location, date and description, is HMC Juanito Oliva. He can be reached at (510) 633-5257.

Oak Knoll's Sailor of the Month

By AA Kevin D. Cameron

"The biggest key is simply to keep abreast of the times," began HM1 David Barker, Naval Medical Center Oakland's October sailor of the month. As a command career counselor, he understands the full weight of an extended education.

Barker's personal schooling continues after hours, bringing his goal of a bachelor's degree in Nursing with an eventual master's degree in education ever closer. "Originally, I wanted to be a physical therapist but now I believe that I am better suited to become a history teacher," he said, continu-



HM1 David Barker

ing "my community work has really helped steer me into this field."

Through a special program

tailored to fit his time-schedule, Barker and HM2 Jeff Rogers, also at NMCO, tutor junior high students at King Estates Junior High. Barker appreciates the chance to make a difference in a child's life. Somewhere between tutoring and studying, he makes the time to conduct Sunday school for Chinese kids, covering lesson plans, special trips and group activities.

During a normal work day, Barker is responsible for up to 600 individuals at the hospital. "If it weren't for the excellent work and help we receive from the departmental career counselors, our job would be unbearable," he affirmed. He has been in the Command Career

Counselor's Office for two years.

In March 1990, Barker began his tour at Oak Knoll as the leading petty officer (LPO) in Internal Medicine. In March of the following year, he attended career counselor training school. Upon completion, he assumed his current assignment.

Barker visualizes himself as a part of the Medical Enlisted Commission Program (MECP). Through this program, he would become a licensed nurse as an ensign through the completion of his bachelor's degree. "Almost anyone with 30 units of college credit can apply, so long as they have an acceptance letter for a licensed school of nursing," he remarked.

Everyone has the availability to see a career counselor on a variety of service related subjects. "I enjoy the challenge of handling a seemingly impossible task, but bottom line is, in the office we handle everything from requesting orders and schools to following up on orders with individual detailers. I find it extremely rewarding," finished Barker.

"Sailor of the Month" holds a special distinction at Naval Medical Center Oakland. HM1 David Barker carries with him a small token of appreciation from his peers for an excellent job done.

Barker resides on Treasure Island with his wife, Tiffani, and his 14-month-old daughter, Moriah.

Combined Federal Campaign

Why is there a CFC?

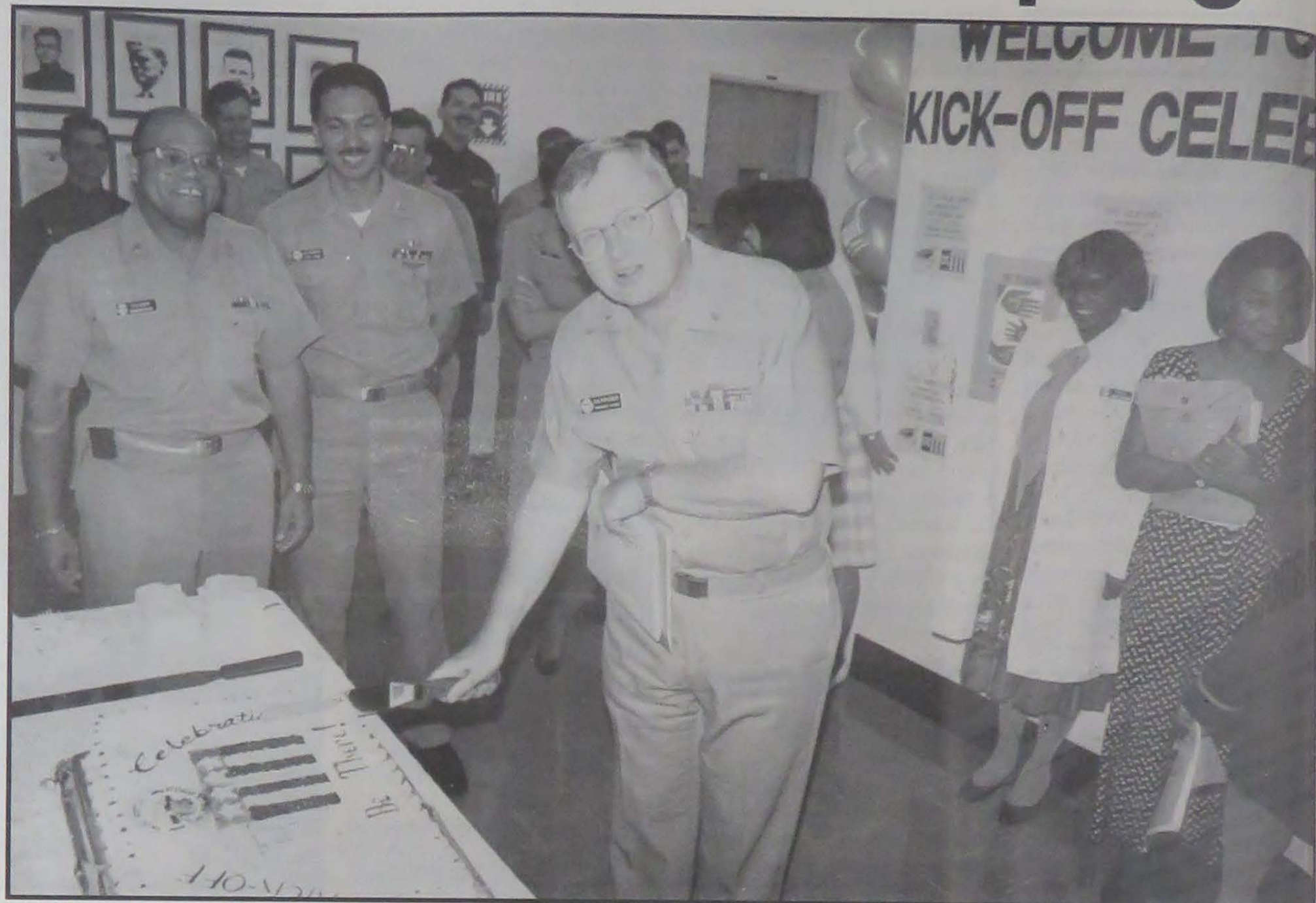
The Combined Federal Campaign (CFC) was established in 1961 by Executive Order to provide a single unified annual charitable campaign that was efficient and could be accomplished through payroll deductions. Over the years, the CFC has become a meaningful way to voluntarily reach out...to touch the lives of people who need our help...to bring about a better world. Except for service relief drives and emergency disaster appeals, the CFC is the only authorized on-the-job solicitation of federal civilians and military employees at their places of work. Listed below are questions and answers pertaining to the campaign.

Q: Some agencies charge for their services. Why should I give, then get charged for services when I need help?

A: The agencies are not totally funded through the CFC. The balance must come from memberships, endowments, grants or fees.

Q: Will my contribution be spent wisely?

A: Yes. Because of volunteer involvement, CFC's fund raising and administrative costs are kept low; over 90 cents of every dollar contributed goes directly to a service that helps someone in need. The agency eligibility



RADM Frederic Sanford sparks the festivities at the kick-off celebration of the Combined Federal Campaign by cutting the cake on Sept. 29.

process under the regulations assures that your contribution will be used as you wish.

Q: Is CFC funded by the government?

A: No. Although some CFC member agencies receive government funding, the actual

Campaign depends totally on voluntary contributions.

Q: There are so many good agencies to contribute to. How do I choose?

A: Under federal regulations, designations to specific federations or agencies is encouraged.

By choosing a federation, your contribution is spread among many agencies at the direction of the federation; however, you can also choose to contribute to any agency in the listing. If you do not designate, then your contribution will be divided among the number of agencies.

Q: My spouse gives at the office. Why should I give?

A: The CFC gives every federal employee a chance to give back a little something they have received from the community. To meet the increasing demand for services, the contribution of

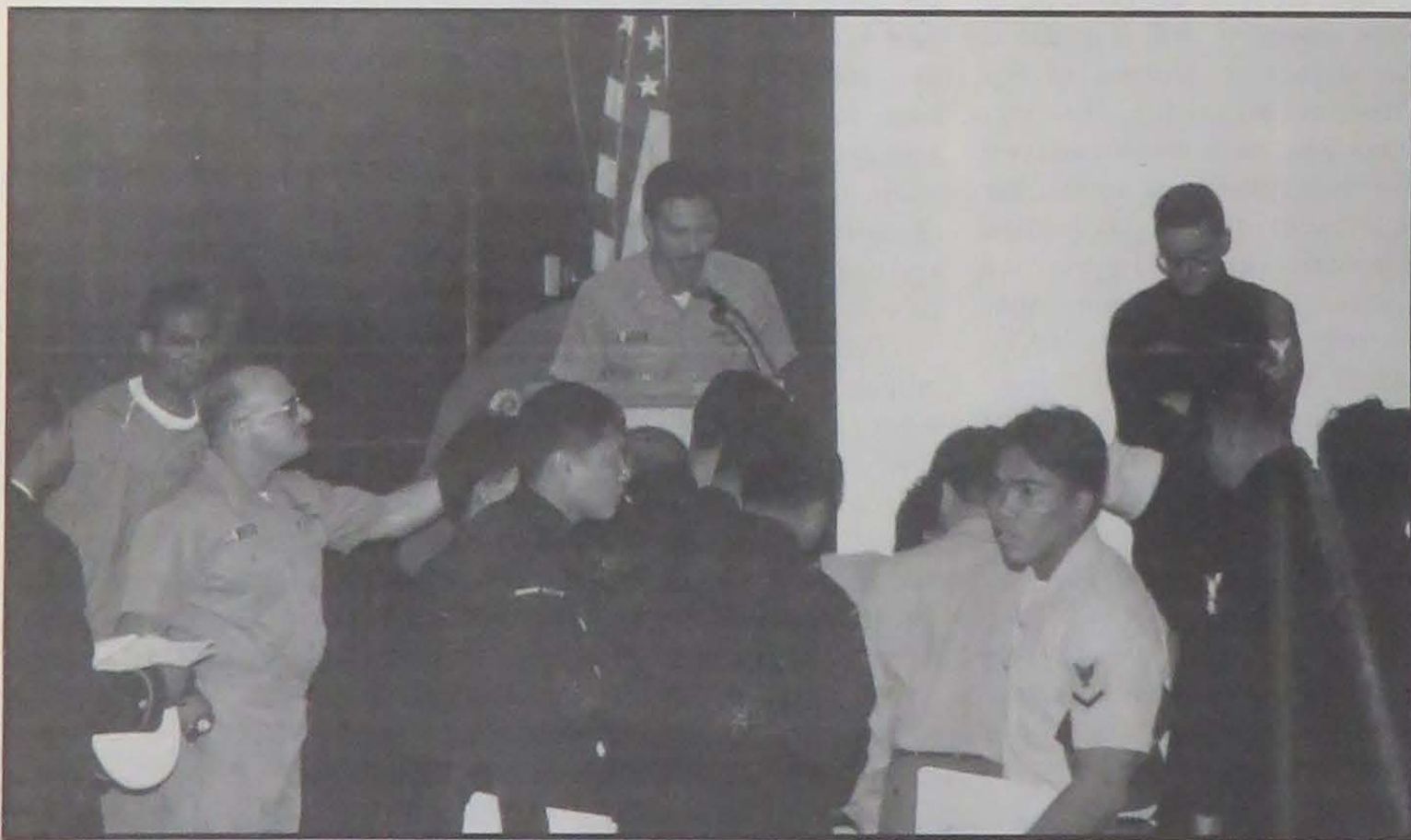
everyone in the workforce is important and necessary.

Q: The head of my agency is very supportive of the CFC. If I choose not to give, will it have an adverse effect on me or my employment?

A: Every employee's contribution is kept completely confidential. Coercion of employees is not permitted in the Combined Federal Campaign. The regulations are very specific so that employees do not feel pressured.

Q: Is my gift tax deductible?

A: Yes, if you itemize.



HMCS Antonio Alvarez addresses a gathering of key workers for the CFC.

Letter of Commendation from Navy-Marine Corp Relief Society

22 September, 1993

RADM F. G. SANFORD, MC, USN
U.S. NAVAL HOSPITAL
OAKLAND, CA 94627

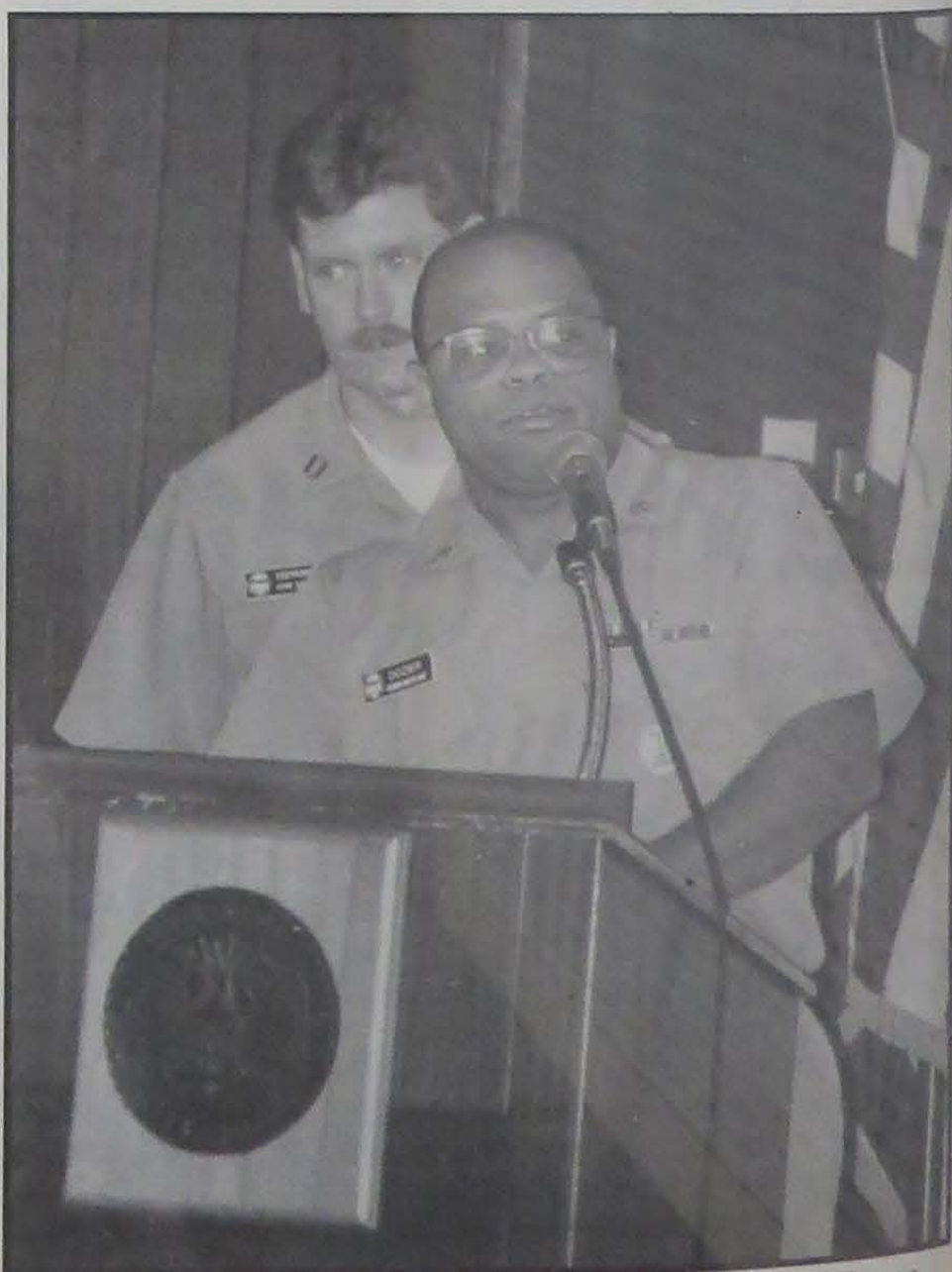
Dear Admiral Sanford,

The 1993 San Francisco Bay Auxiliary, Navy-Marine Corp Relief Society Fund Drive, ended with a check for \$331,109.03 transferred to this office by Fund Drive coordinator, LT Charles Shipper. The personnel in your command contributed \$14,998. These funds will be sent to Navy-Marine Corp Relief Headquarters to be added to the general fund. One hundred percent of these dollars that were so generously contributed by the Naval and Marine personnel in the San Francisco Bay Area will be returned to those in the sea services who have financial needs wherever they are located.

The Bay Area continues to lead the nation in the cost of living so it is particularly gratifying to know that so many of our personnel make personal sacrifices to contribute to the Navy-Marine Corp Relief Society to insure that their fellow shipmates can be helped in time of real need. It is a particular point of pride for me to be able to explain to our civilian friends that no government funds are given to the Navy-Marine Corp Relief Society and that our funding comes entirely from our own Sailors and Marines.

Please accept my heartfelt thanks for your support of this drive and convey my appreciation to all those who participated.

S/ Margaret E. Kirkland
Executive Director



HMCN Phillip Dozier issues an official sports challenge, open to everyone in the command, to benefit the CFC.

(Official U.S. Navy photos by AA Kevin Cameron.)

Navy's highest score since 1988

Oak Knoll awarded JCAHO accreditation

By JO2 Stephen Brown

Naval Medical Center Oakland was recently awarded full accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for a period of three years beginning May 23, 1993.

The hospital recently received the results from last May's survey which indicated that the hospital scored a 97 out of 100 on the accreditation decision grid. Virtually all as-

pects of command operations were subjected to intense scrutiny and graded against the demanding standards of the JCAHO.

"Naval Medical Center Oakland made a significant contribution to achieving these results with a score of 97 in your recent survey. This is an outstanding achievement. It not only shows the quality of people and care available at your medical center, it also speaks of the exceptional individual and combined efforts each of you made

in making your hospital one of the best of the best," said Navy Surgeon General VADM Donald F. Hagen, MC.

RADM William Buckendorf, who was the hospital's commanding officer at the time of the survey, reiterated the surgeon general's feelings, "Each of you played an important role in preparing for the survey. Your efforts highlighted the outstanding level of performance evident throughout the command on a daily basis. You can be proud of your con-

tributions and the impression made by Naval Medical Center Oakland on the country's largest civilian healthcare accreditation agency."

Recommendations were minimal and will be disseminated via the Quality Assurance officer and Command Evaluation officer for action as appropriate.

According to BUMED, the hospital's score is higher than any other naval hospital surveyed throughout 1992 and has not been matched since 1988,

when Naval Hospital Yokosuka also received a score of 97.

"The people of Navy medicine give me plenty of reasons to be proud. Their dedication, professionalism and accomplishments make us the finest health care organization in the world. We have tangible proof of that — the average JCAHO score for all Navy medical treatment facilities is 91.7, versus an average of 80.3 for the nation in 1991. Congratulations and thank you for being such an impressive part of our Navy medical team," the surgeon general said.

Automation favors military families in Alameda

ALAMEDA, Calif.—Answers to a Navy family's questions on the availability of military family housing is now as close to the caller as their touch tone telephone, thanks to the AT & T Conversant Voice Information System (VIS).

The automated "housing service" was installed at the Navy Family Housing Office in Alameda recently by the Navy Public Works Center, San Francisco Bay. Its primary purpose is to provide customers with information about their standing on the housing waiting list. If a service person or family member has additional questions, they can be transferred to a "live" counselor for further assistance.

Not only has the Navy become the first among all military services to employ the system—geographically, the San Francisco Bay Area has become one of the first regions in the country to utilize its services.

VIS in Northern California is operated and maintained by Systems Administrator Mary Long at the Navy

Family Housing Office in Alameda.

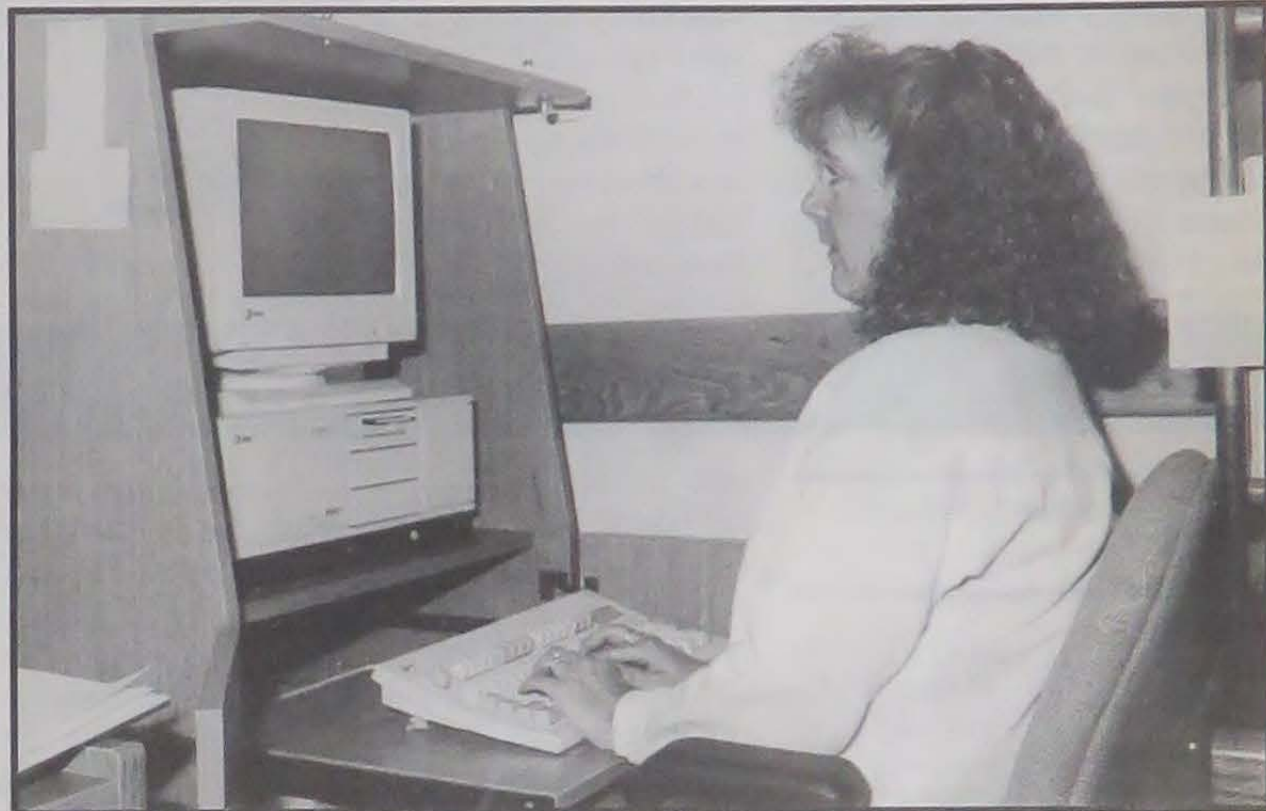
Through VIS, users are allowed to access computer information from their touch tone telephone. By following pre-recorded commands, and subsequently entering required data - sponsors' social security number and other essentials - callers are able to obtain desired information, including their place on the waiting list. If a caller's name is not already on the waiting list, they can be instructed on how to place their name on the list.

The new information system has been compared to other electronic devices such as the telephone answering machine with "voice mail." According to Long and system specialists from AT & T, the Conversant is designed to do "much more" than that.

AT & T's Conversant Specialist Ron Mitchell, based in San Diego, Calif. is the federal support representative who handles VIS systems throughout the western region. He defines the AT & T Conversant as an interactive voice network, one among simi-

lar computer information systems, used to improve services to military members and their families all across the nation. And, although our Northern California administrator for VIS was quick to extol the virtues of the housing office system, she points out that it is designed for a specific function.

"This system is basically an informational tool," Long said. "It does not have the capability of recording messages from a caller; it is made for people who've already submitted their application for housing. VIS is also designed for those who are requesting general information regarding application



Systems Administrator Mary Long adds to a listing of names and information on the AT & T Conversant, the housing office's newest computerized "housing service." (Official U.S. Navy photo)

requirements. When used properly, the system can help them a great deal."

Although the VIS employed at the housing office in Alameda can handle more than 100,000 requests, current waiting list entries range from an estimated 1,000 to 1,500 customers.

If you live in the San Francisco Bay Area and you want to be added to the waiting list, you're invited to call (510) 263-4600. Long says the system is updated on the first and 15th of each month; therefore those who would like to check out their standing every two weeks should feel free to do so.

Hispanics Play Vital Role in Past, Present, Future Military

By Master Sgt. Linda Lee, USA
American Forces Information Service

The theme for this year's Hispanic Heritage Month, was "Hispanics — A Diversified Workforce to Change the Future."

Hispanic-Americans play an important role in the military services as the Defense Department downsizes. Hispanic-Americans are individuals who can trace their roots to Latin America and Spain, U.S. Census Bureau officials said. The three largest Hispanic groups in the United States today are the Mexican-Americans, Puerto Ricans and Cubans. Other Hispanic groups include Spaniards, Dominicans, Colombians and Nicaraguans.

In today's Army, there are 1,754 Hispanic officers, which is 2.2 percent of the officer corps; 378 warrant officers, 2.8 percent; and 24,354 enlisted members, 4.8 percent.

A further breakdown of the figures show Hispanic women play an ever-expanding role in the service as 270 are officers, 20 are warrant officers and 2,169 serve in the enlisted ranks.

The Navy's figures indicate 1,745 Hispanic officers, or 2.6 percent; 52 warrant officers, 1.7 percent; 32,664 enlisted members, 7 percent. There are 4,201 Hispanic women in the sea service, with 223 officers, one warrant officer and 3,977 enlisted.

The Marine Corps has 14,365 Hispanics on active duty. Statistics indicate 476 officers, or 2.8 percent; 80 warrant officers, 4.3 percent; and 13,089 enlisted members, 7.9 percent. Thirteen Hispanic women are officers, 11 are warrant officers and 646 are enlisted Marines.

Two percent of Air Force officers, or 1,832 people, are Hispanics, while in the enlisted ranks there are 14,202, or 3.8 percent. There are 280 Hispanic women officers, with 1,948 Hispanic women serving in the enlisted ranks.

In the Coast Guard, Hispanics number 158 officers, or 2.6 percent; 20 warrant officers or 1.2 percent and 1,624, or 5.3 percent, enlisted members.

Hispanics make up almost 10 percent of the U.S. population, currently estimated at 250 million. By the end of the century, Census Bureau figures estimate the Hispanic population will be about 30 million. Also, estimates show that by the year 2020, Hispanic-Americans will be the country's largest minority group.

Military and American history details the sacrifices Hispanics have made in the defense of the nation, starting with the American Revolution and continuing through today.

One well-known Hispanic-American in the U.S. military was Navy ADM David Farragut. A veteran of the War of 1812 and the Civil War, he is remembered for his actions during the Civil War Battle of Mobile Bay. When the battle was going badly he yelled to his crew on board the USS Hartford, "Damn the

torpedoes! Full speed ahead!"

An important, but little known, figure during the Revolutionary War was the Spanish governor of Louisiana, Bernardo de Galvez. He sought and received permission from the Spanish government to aid the Americans in their defense against the British in the Gulf of Mexico and Mississippi River valley. He also played a crucial role in the 1780 Battle of Mobile.

It wasn't just Texans originally from the United States who were killed defending the Alamo in 1836 during the Texan war for independence. Many Texans, like Antonio Fuentes and Carlos Espalier, fought alongside Jim Bowie and Davy Crockett and were killed by Mexican soldiers.

Military historians estimate that almost 10,000 Mexican-Americans served in the Civil War, fighting for both the Union and the Confederacy. Four companies raised in California in 1863 successfully defeated a Confederate invasion into the New Mexico territory. Confed-

erate units with Mexican-Americans on their rosters included the 10th Texas Cavalry, the 55th Alabama Infantry and the 2nd Texas Mounted Rifles.

Thirty-seven Hispanic-Americans have received the Medal of Honor, including eight during the Korean War and 13 during the Vietnam conflict. The first Hispanic soldier to receive the medal was Pvt. David Barkley for actions during World War I, but his heritage wasn't discovered until 71 years later.

In World War II, the first Hispanic Medal of Honor recipient was Pvt. Jose Martinez for his heroism during the invasion of the Aleutian Islands in 1943.

Hispanic-American military units that have made history include the mostly Hispanic Arizona National Guard's 158th Regimental Combat Team during World War II and the Puerto Rican 65th Infantry Regiment, which fought in the Korean War.

Nutrition and exercise: What your body needs

By Barbara Andren, M.S., R.D.

This is the third of a five part series on Nutrition and Exercise.

TRUE or FALSE?

Sports drinks are the best fluid replacement source for athletes.

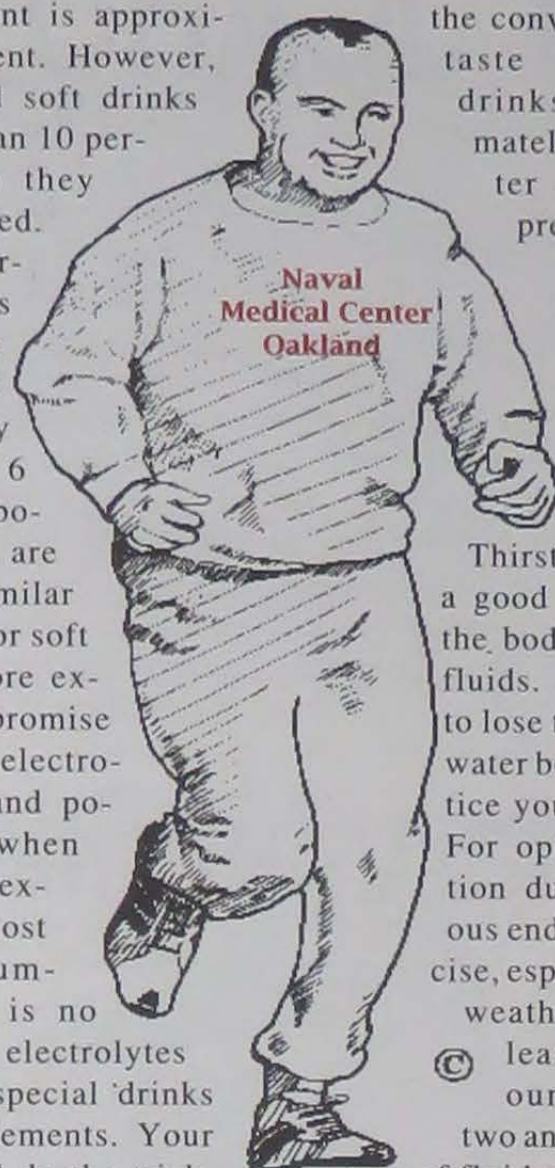
ANSWER:

FALSE: Fluid replacement is a critical part of exercise, especially for sports such as marathon running or long-distance cycling. Consequences of not replacing fluid range from lethargy and nausea to heat exhaustion or heat stroke.

Most exercise physiologists recommend water as the ideal replacement fluid. But during the past decade, researchers have found that drinks containing up to 10 percent sugar are usually as well absorbed as water. The optimal sugar level for

fluid replacement is approximately 2.5 percent. However, fruit juices and soft drinks contain more than 10 percent sugar, so they should be diluted.

Specifically formulated "sports drinks" such as Gatorade and Exceed, supply approximately 6 to 9 percent carbohydrate. They are nutritionally similar to diluted juice or soft drinks, only more expensive. They promise to replace the electrolytes (sodium and potassium) lost when sweating, but except under the most extreme circumstances, there is no need to replace electrolytes by consuming special drinks or mineral supplements. Your normal diet will do the trick. However, some athletes prefer



the convenience and taste of sports drinks, so, ultimately, it is a matter of personal preference.

The most important thing is to drink—even if you don't feel thirsty.

Thirst isn't always a good indicator of the body's need for fluids. It is possible to lose two quarts of water before you notice your fluid loss. For optimal hydration during strenuous endurance exercise, especially in hot weather, drink at least 16 to 20 ounces (two to two and a half cups) of fluid two hours before exercising and another

eight ounces (one cup) 15 to 20 minutes prior to exercising. While exercising, sip four to six ounces of fluid every 15 to 20 minutes. After exercising, drink enough to replace the fluid you've sweated off (weigh yourself before and after your workout; drink 19 ounces for each pound lost) and eat normally.

Alcoholic beverages as well

as the caffeine in coffee, tea and cola drinks increase the water output and raise the fluid needs, so they should not be counted as part of the fluid in the above regimen.

(Editor's Note: Information in this article was obtained from University of California Berkeley's Wellness Letter, May 1993)

Time

Drink

Two hours prior to exercise
30 minutes prior to exercise
During exercise

2 cups
1 cup
1/2 cup

Nasal Sprays Can Be Addictive

By LT D. Goddard, MC, USN

USNH YOKUSKA, Japan (NSMN) — One of the nice things about being a family doctor is being able to treat all members of a family and having input in all medical problems they may face. I have found, though, that my ability to give this input is often limited by the truth that a patient provides me, and the embarrassment that he or she may feel with a particular problem.

The following story illustrates this.

When I was an intern in Charleston, I was assigned to take care of a young woman during her pregnancy. I'll call her Dianne, which is not her real name. I handled her prenatal care, I delivered her baby (a healthy little girl); I did check-ups on the infant; I took care of her when she had minor illnesses; I even performed a vasectomy on her husband. Then, after two years of providing her care, she said in passing, "Dr. Goddard, you know I'm addicted to nasal sprays, don't you?"

No. I had not known. I knew that such an addiction was possible, but I had never met someone who actually had it. Dianne, it turned out, had been using 4-Way nasal spray for over seven years, several times a day. She never told me because she was embarrassed. Even during her pregnancy, when she should have been concerned about the medicine's effects on her baby, she kept it a secret. Only her husband knew, and he felt powerless to do anything about it after having tried numerous times to throw out all the nasal spray bottles, only to find she'd had a few hidden somewhere. He consoled himself in the notion that although nasal sprays were somewhat expensive, they were relatively harmless.

In Dianne's case, her husband was right; physically, little changes had been done to her nasal structures.

Nasal sprays are not the worst things that a person can

be addicted to; however, they are by no means benign. Prolonged use of these medicines can lead to damage of the lining of the nose and sinuses. This, in turn, can result in chronic infections and possibly even deformities of the nose. Fortunately, this latter condition only occurs after years and years of abuse. But as anyone who has been addicted to nasal sprays will testify, it would be very easy to use nasal sprays year in and year out until permanent damage occurred.

If a person has been addicted to nasal sprays for only a short period of time, it is possible to get off them cold turkey.

What is not easy is getting off these sprays. Medicines can be given to patients to ease their discomfort, but the process is never fun. If a person has been addicted to nasal sprays for only a short period of time, it is possible to get off them cold turkey. For those who have been using this stuff for years, though, chances are they will probably require the help of the neighborhood physician.

On a final note, not all nasal sprays are addicting. Saline nose drops and nasal sprays given by doctors for hay-fever are usually OK to use for prolonged periods. The bad offenders are the sprays sold over the counter without prescriptions. As with all medicines, it is wise to read the directions. Follow them and ask your doctor if you have any questions—or if you feel you're becoming addicted.

HIV and You!

By LCDR Catherine Wilson, NC, USN

BUMED Washington (NSMN) — The human immunodeficiency virus touches the lives of millions of Americans. As health care providers we are challenged to provide care as early as possible to monitor the immune system, to maintain health and to prevent the further spread of infections.

Some of the psychosocial issues that people with HIV infection face include:

Disclosure — Informing (or not informing) loved ones, friends, health care providers and others of the disease. Disclosure may be intertwined with disclosure of sexuality or drug use. Patients must be cautioned about the possible negative ramifications of disclosure. Most patients will find it comforting to share the knowledge of their serostatus with a trusted friend. Some patients will find they benefit from group support meetings with others who have

HIV infection. In some cases, the family may be the last to be informed, particularly if they are expected to react negatively.

Income maintenance — Obtaining, keeping and changing jobs are particularly stressful concerns because of health insurance. Changing employment exposes a person to the possible loss of current health benefits without the assurance that the new company plan will provide future coverage. New employment may also bring the fear of HIV screening.

Financing care — many of the patient's financial concerns revolve around keeping or getting medical insurance. A variety of options are available.

Legal issues — HIV-infected individuals are vulnerable to discrimination in housing, employment, school, health care and other areas of life. Public service legal assistance is frequently available. Often, some unit of government is also charged with the responsibility of preventing or redressing custody and other parental issues.

Special issues — Management of HIV infection may coincide with other concerns that must also be addressed, such as drug treatment for the substance abuser or family planning for the woman who is pregnant or considering pregnancy. A care manager system is recommended when multiple agencies become involved, but if such a system is not available, traditional social work or a "buddy system" can help.

Emotional and practical support — Self-help, mutual help and community groups frequently provide for the special needs of those with HIV infection. A local listing of these resources is invaluable.

The above information is from the American Medical Association's publication "HIV Early Care: AMA Physician Guidelines." For more information or to become a Navy HIV prevention instructor, call the Navy HIV Program at (301) 295-0048, DSN 295-0048.

(Wilson is the surgeon general's representative for HIV education policy)

To everything there is a season

By Chaplain David A. Winslow

October is marked by a sudden snap in the air and a new blue in the sky that signal the start of a new season, fall. Fall has always been the season of excitement, with a new reason to look forward to each month. This change of season heralds the end of summer, a season of relaxation and entry into a time of excitement.

When I was young I lived in a part of the country that had four seasons. When the air got cooler and the leaves began to change I knew that the most exciting time of the year was about to begin. School was still fun and a relief after the bore-

dom of the last lazy days of summer. Halloween, with its costumes and bulging bags of candy, was not far behind. Harvest time meant visiting around the community as people helped their neighbors get the crops in before the hard frost. Then came the family gathering at Thanksgiving and the excitement of the Advent wreath, which meant that the Christmas tree could not be far behind.

Even as adults we can look forward to the excitement generated by the activities associated with fall. These times are steeped in personal and family traditions, and bring back warm memories of times and places when we were happy. We

should seize these moments of happy reflection in the midst of our busy lives, and consider how we can create a present that is as warm and exciting as the remembered past.

Ecclesiastics tells us that "to every thing there is a season, and a time to every purpose under heaven." Now is the time to build friendships, to reach out to others, to take risk in a personal relationship. God's love reaches out to us over the seasons of our lives. We should use the renewed energy of fall and the love of the coming seasons of remembered family times to reach out to others. Let your smile be God's smile for someone today.

Satellite pharmacy opens



RADM Frederic Sanford, (2nd from Right) cuts the ribbon on the occasion of the opening of the command satellite pharmacy. Shown with the commander are (from left) members of the Pharmacy staff: HM2 Mario Balauat, LT Jonathan Miller, HM3 Corey Garmon and CDR Glenn Otterman, Head, Pharmacy Department. The satellite pharmacy is designed to expedite delivery of medicines to inpatient beneficiaries.

Mail for Our Military

Fort Knox, Ky—The 1993 "Mail for Our Military" program is now underway! Mail from participants from every part of the U.S. will be combined and then separated into more than 1,000 bundles of varying size and sent

to units, bases and support activities such as other USOs, Armed Services YMCAs, hospitals, etc., all across the U.S. (including Naval Medical Center Oakland last year) and around the world.

"Thank you very much for... the Christmas cards and letters. They added enjoyment to our Christmas deployment," wrote one commander in response to the bundle of Christmas mail his unit received last year. A chaplain wrote, "...I have enclosed five photographs of Navy men and women...responding to the Christmas Mail Call. The joyful look on their faces speaks greater volumes of thanks than I can express!"

"Mail for Our Military" is an exciting project for individuals, families, schools, churches and groups of all kinds. For information on how to help achieve such results, not at five or ten, but at more than 1,000 places all across the U.S. and around the world, interested readers should send a first-class postage stamp (a stamped, self-addressed envelope cannot be used—just the stamp for return postage) to: Mail for Our Military, P.O. Box 997, Fort Knox, Ky 40121-0997. Thank You!!

Halloween Party at Club Knoll

Prizes for the best costume

It's a dead man's party

October 29, 1993

Live D.J.

7 p.m. - 1 a.m.

Free Hors d'oeuvres

Point of Contact

Cindy Houston at (510) 633 6401

Angela Coon at (510) 633 6400

FSC T.I. classes

The following classes will be held at the Family Service Center (FSC), building 257. To register for these events, call the FSC at (415) 395-5176/5189.

The Nest: Do's and Don'ts for mom, Oct. 25, 10 - 11 a.m.

Parenting of young children, Oct. 26 and Nov. 2, 10 - 11:30 a.m.

Transition assistance workshop, Oct. 26, 9 - 11 a.m.

Welcome aboard and orientation program, Oct. 27, 8 a.m. - noon.

Barbecue fundraiser, Oct 28, 11 a.m. - 2 p.m.

Planning for reunification, Nov. 3, 3 - 4 p.m.

Sponsor training, Nov. 4, 8:30 - 10 a.m.

Exceptional Family Member Program, Nov. 8, 1:30 - 2:30 p.m.

SF-171 preparation workshop, Nov. 9, 9 - 11:30 a.m.

Ambassador's club, Nov. 10, 1 - 2 p.m.

Resume writing workshop, Nov. 16, 8 a.m. - noon

Transition assistance workshop, Nov. 17, 9 - 11 a.m.

Consumer awareness, Nov. 18, 9 - 11:30 a.m.

Veteran's Briefs

Supplemental insurance for disabled vets

The Department of Veterans Affairs is encouraging eligible disabled veterans to apply for an increase in their Service-Disabled Veterans Insurance coverage during open season which ends Oct. 31.

The increased coverage is available as a result of legislation passed in 1992 which allowed eligible SDVI policyholders to obtain up to \$20,000 in additional insurance coverage.

Policyholders must be under 65 and eligible for a waiver of premiums, which is available only to policyholders who are totally disabled. Premiums are not waived, however, for the supplemental insurance.

Premium rates for the supplemental insurance are based on the policyholder's current age. The supplemental insurance can be purchased in increments of \$500, starting at \$1,000 with a maximum of \$20,000.

Eligible policyholders interested in the increased coverage can contact the VA Regional Office and Insurance Center—SRH, P.O. Box 7208, Philadelphia, Pa. 19101. The toll-free telephone number for the Insurance Center is (800) 669-8477.

New federal training program for recent vets

Department of Veterans Affairs has announced a new federal training program for recent veterans whose military skills don't readily transfer to civilian jobs. The Service Members Occupational Conversion Training Act is aimed at veterans discharged after Aug. 1, 1990, who have had difficulty getting steady work. Jointly implemented by the Departments of Defense, Labor and Veterans Affairs, the program will pay wage reimbursements up to \$10,000 to employers who establish approved training and offer prospects of long-term employment.

"This program not only provides jobs for veterans, but it also provides an excellent opportunity for employers, including small busi-

nesses, to add employees to their workforce and get help in offsetting training costs at the same time," said VA Secretary Jesse Brown.

The VA will perform program administration activities along with the Department of Labor. VA will also provide educational, vocational and readjustment counseling to qualified veterans who are interested in these services.

To qualify, a veteran must have been honorably discharged from active military service after Aug. 1, 1990, and served for more than 90 days, unless discharged earlier because of a service connected disability. For further information call (800) 827-1000.

VA encourages veterans to refinance home loans

The Department of Veterans Affairs is encouraging veterans to increase their net monthly income by refinancing their VA-guaranteed loans in two ways — through a regular refinancing loan or through an interest rate reduction refinancing loan (IRRRL). An IRRRL is used strictly to reduce the interest rate on a loan and requires no property appraisal or credit underwriting and, therefore, no out-of-pocket expense to the veteran.

There are currently more than 880,000 veterans with outstanding VA-guaranteed home loans with interest rates of 9 to 9.99 percent. More than 700,000 still have loans at interest rates of 10 percent or more.

The monthly payment on a VA 30-year loan of \$90,000 at a 10 percent interest rate is \$790. The monthly payment on the same loan is \$724 at 9 percent rate, \$660 at 8 percent and \$598 at 7 percent.

VA no longer sets the interest rate at which veterans can borrow a VA-guaranteed loan. Veterans can negotiate the rate with a private lending agency. Personnel calling from within the continental United States may contact the VA for more information at (800) 827-1000. Personnel stationed overseas should write to the VA at the following address: Department of Veterans Affairs, Loan Guarantee Service (26), 810 Vermont Ave., NW, Washington D.C., 20420.

Aggie Freeman, receives the Cancer Society Unit's "Life Saver Award" for Alameda County



Former NMCO patient educator, Aggie Freeman, receives the Cancer Society Unit's "Life Saver Award" for Alameda County. The award is given to volunteers who have made extraordinary contributions to the Life Saving and Cancer Risk Reduction Program of the Society. Through her exemplary service, Freeman has reached more than 2,000 military personnel and encouraged them to have healthier lifestyles, practice early cancer detection and stop smoking — thus saving lives.

Red Cross donates curtains



After years without decorations, the 8th deck Nursery got its wish on Sept 9, 1993. Red Cross volunteer Nancy Krentz donated both the time and energy to make these beautiful curtains a reality. Krentz (left) is pictured here with Elena Miller, the Red Cross personal services representative for Naval Medical Center Oakland (middle), and Lily Thompson who is the station manager.

American Red Cross classes available at Oak Knoll

On Oct. 27-28, the Oak Knoll chapter of the American Red Cross is offering a class on Infant, Child and Adult CPR, 5 to 9 p.m., for military, dependents and civilians. Class fee varies. Due to limited number of students allowed per class, prospective enrollees are advised to register as soon as possible. The course is also subject to cancellation because of lack of participation.

The American Red Cross office is located on the 5th floor of the hospital's main building. Point of contact for further information and registration is ABH3 Jimmie Hudson, who can be reached at (510) 633-5308.

NMCO blood drive

Give a little, so someone can live
The need for blood never ends

The NMCO blood donor team will be at the
Blood Donor Center in building 500, 5th floor,
across from the American Red Cross Office

on Tuesday, Nov. 16
from 8 a.m. to 1 p.m.

Active duty/retired military and DoD personnel

are encouraged to give blood.

Complimentary refreshments will be provided.

Point of contact for further information is:

ENS S. Henderson,
(510) 633-5143 or DSN 828-5143

October Awards

Length of Service award:

Jung I. Jeon

Avis Nanni

Toysanna Wilson

Civilian of the Quarter:

Bertha M. Paul

Good Conduct Award:

(1st) DN Rafael V. Herrera

HM3 Aaron Iwanyczko

HM3 Hollis E. Moore, II

HM3 Fernando V. Sanchez

HM2 David R. McWhorter, Jr.

Good Conduct Award:

(2nd) HM3 Gabriel T. Salazar, III

HM2 Jerry L. Lincoln

Navy Commendation Medal:

QMC Christopher P. Ellwood

LCDR Nancy G. Lake

CDR Todd R. Graef

Influenza: Continued from page One

beyond, with interrupted service Oct. 25-29 when the clinic will be closed due to active-duty vaccination. Hours are: Monday-Friday, 7:45-11 a.m. and 12:45-3:30 p.m., and patients are advised to bring their outpatient medical records, including their yellow shot record, with them.

Adolescents and DoD civilians can also get their shots at the Clinic on 8 South, but they will have to make a stop first to get their medical records — the adolescents at Medical Records Department on the 2nd floor and the civilians at the Occupational Health Office — before proceeding to the Immunization Clinic. The Occupational Health Office is located on 5 North, near the Red Cross Office. Point of contact for further information is HM3 Amy

Peters, who can be reached at (510) 633-4937. She can also be beeped at 510-7357 in case of emergency.

Children 14 and below can get their flu shots in the Pediatrics Clinic on the second floor, Monday through Friday 9-11 a.m. and 1-3 p.m., on a walk-in basis.

The command's Preventive Medicine Department issued the following information as a guideline to assist in determining who should seek vaccination. (AMW)

Groups at increased risk for influenza-related complications:

* Adults and children with chronic cardiovascular or pulmonary system conditions, including children with asthma.

* Residents of nursing homes and other chronic care facilities housing patients of any age.

* Otherwise healthy persons 65 and older.

* Adults and children with chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression caused by medications, that required regular medical follow-up or hospitalization during the preceding year.

* Children and teenagers (6 months through 18 years of age) on long-term aspirin therapy.

Groups that can transmit influenza to persons at high-risk who should be immunized:

* Physicians, nurses and other personnel in both hospital and outpatient care settings.

* Employees of nursing homes and chronic-care facilities who have contact with patients or residents.

* Providers of home care to persons at high-risk; for example visiting nurses, volunteers workers, etc.

* Household members (including children) of persons in high-risk groups.

The U.S. Public Health Service Advisory Committee Immunization Practices (ACIP) strongly recommends annual influenza immunization for persons in the groups outlined above, unless a contraindication exists. The Committee recommends that the vaccine be given in clinics, nursing homes, other chronic care facilities, physicians' offices and

hospitals, mid-October through mid-November. Vaccine can be given earlier if influenza activity begins earlier than normal regionally, or if high-risk patients who are discharged from the hospital or outpatient clinics earlier in the fall may not be seen again until after November.

Influenza immunization is also a prudent precaution for HIV-infected persons.

While not making a strong recommendation for the following groups, the ACIP states that persons providing essential community services (e.g., police and fire department staff) may be considered for immunization during severe influenza epidemics and that any person wishing to reduce his/her chances of influenza may be given the vaccine by his/her physician, unless a contraindication exists.

RIF questions and answers: Continued from page two

their annuity.

Q. What will happen to my accumulated sick leave if I resign?

A. Unused sick leave will remain in your account for a period of three years. If, during those three years, you return to federal civilian service, your sick leave will be restored to you. If not, the unused balance is lost permanently.

Q. What will happen to my accumulated annual leave if I retire or resign?

A. Employees will receive a lump-sum payment, normally

within two pay periods from their separation effective date for all accumulated annual leave.

Q. If I presently owe advanced sick leave or have used unearned annual leave, how will this be handled?

A. If you are indebted for unearned sick or annual leave, you are liable to DoD for such amounts. DoD will collect the amount of indebtedness from any funds due you.

Health benefits

Q. What will happen to my health benefits if I resign?

A. You will receive free continuation of health benefits for 31 days from the end of the pay period in which you resigned. You will also have an option of converting to an individual contract with the carrier you had selected or of continuing under the federal group plan for an additional 18 months. However, the 18-month temporary continuation is at full cost to the employee with no government contribution, plus a 2 percent administrative charge.

Q. What will happen to my

health benefits if I retire?

A. In order to continue your coverage into retirement, you must have been enrolled (or covered as a family member) in the FEHB program (in any plan) for the five years of service immediately preceding your retirement or since your first opportunity to enroll. Your health insurance coverage will not change when you retire. As a retiree, you can switch plans during the open seasons. If you don't receive information from OPM, call your Personnel Office.

Q. I have health benefits cov-

erage under CHAMPUS. Will this coverage count toward the FEHB five-year requirement?

A. Yes. However, CHAMPUS cannot entirely replace the FEHB participation requirement. You must be enrolled in the FEHB program on the date of your retirement in order to be eligible.

Q. What happens if I cancel my health benefits enrollment when I retire?

A. You can cancel your FEHB enrollment at any time; however, if you cancel your enrollment after retirement, it cannot be reinstated.

The Red Rover

This newspaper is named in honor of the Navy's first commissioned hospital ship

Vol. 5 No. 14

Naval Medical Center, Oakland, California

November 19, 1993

RADM Sanford speaks to his staff

By Andree Marechal-Workman

The command's spectacular showing in the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey, transition to Aetna Government Health Plan Group on Feb. 1 and barring cigarette sales from Oak Knoll's Navy Exchange were among the topics which RADM Frederic

Sanford discussed during his series of Admiral's Calls recently. But it was the realities of base closure that filled the greater part of his agenda.

Sanford, who took over the helm at Naval Medical Center Oakland on Aug. 24, outlined the three reasons behind NMCO's closure as Department of Defense's force reduction; infrastructure downsizing and the decision by the Department

of Defense that military health services would follow the active-duty troops, wherever they go.

"It has nothing to do with any perceived quality problems," the admiral emphasized, reiterating his praise for the spectacular grade of 97 percent Oak Knoll received from JCAHO in support for his statement. "We're closing because our primary mission is to serve

the fleet, to deal with operational readiness and wartime preparedness of the military healthcare system. When we can, we serve the beneficiary and retiree populations but, make no mistake about it, our chief responsibility is to keep the fleet healthy."

However, in turning to planning for the closure, Sanford was quick to point out that nothing was imminent. "We plan to

be here until September 1996," he said explaining that he's going to Washington soon "to select a new class of interns and residents in three or four different specialties" who will remain in Oak Knoll's Graduate Medical Education program for another full year — until summer 1995. He added that the program directors of the various

Continued on page 8

Navy Chaplain Corps 218th anniversary

Two centuries of dedicated service

By Andree Marechal-Workman

On Nov. 28 the Navy Chaplain Corps will add one year to a chronicle of dedicated service that spans two centuries. According to CDR H. Lawrence Martin, CHC, USN, a former head of the Chaplain Corps History Branch, "on Nov. 28, 1775, the Continental Congress adopted the second article of Navy Regulations which states: 'The commanders of the ships of the Thirteen United Colonies are to take care that divine services be performed twice a day on board, and sermon preached on Sunday, unless bad weather or other extraordinary accidents prevent.' In 1953, the secretary of the Navy established this date as the official beginning of the Chaplain Corps of the Navy."

After a rocky beginning and in the face of attempts to

abolish the chaplaincy as being unconstitutional, recognition and acceptance was finally attained in 1917 with the creation of the Chaplains Division within the Bureau of Navigation.

...The need for faith development is greater than ever and, as I see it, we can't be more important than we are now."

CAPT Norman Williams, head of Naval Medical Center Oakland's Pastoral Care

Commenting on the early functions of the chaplains, Martin explained that "prior to 1841



The religious needs of the members of the armed forces are never overlooked, regardless of the circumstances. Navy chaplain F. E. Slegzer, a Catholic priest, conducts morning services for our Marine troops. Services are conducted for the Marines in the field during both actual and simulated combat situations. (Courtesy of Naval Photographic Center in Washington, D.C.)

there was no requirement for chaplains to be ordained, and many were not." In fact, he added, it was not until World War II that the churches in the United States started to encourage chaplains to join the armed forces, assisting in their procurement and actively supporting their work.

This ecclesiastical support was an important landmark because, according to LT Margaret Kibben, CHC, USNR, as of Oct. 20, 1906, seminary students who wanted to join the Chaplain Corps were required to receive the endorsement of their denomination.

Kibben, who is an historian at the Chaplain Resource Board in Norfolk, Va., added that, along with this recommenda-

tion, a board of chaplains proposed the appointment of a chief of chaplains. She said the board also recommended increasing the size of the Corps to 40 and required that "all newly commissioned chaplains be graduates of both college and seminary."

CAPT Norman Williams, who is head of Naval Medical Center Oakland's Pastoral Care, reinforced Kibben's historical reference. "The highest authority to which a Navy chaplain is responsible is his/[her] church,"

Continued on page 6

Combined Federal Campaign



Naval Medical Center Oakland's Commander RADM Frederic Sanford, congratulates Oak Knoll's Combined Federal Campaign coordinator, Ensign Carolyn Medina and her assistant, HMC Raymond Fisher, for their impressive efforts in leading the command to an 82 percent participation level, totaling about \$78,000 in contributions. (Official U.S. Navy photo by JO2 Stephen Brown)

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Have a Happy Thanksgiving

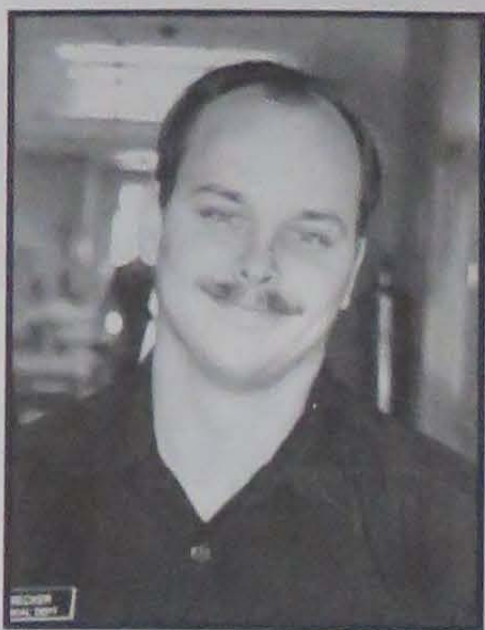
Oak Knoll Viewpoint

What is your most cherished freedom as an American?

Jean Taylor



Freedom of speech and freedom of choice.



EN3 David Becker

Being able to have freedom of speech and the ability to choose how I spend my free time.

Rose M. King



I believe the most precious freedom is choice. Not too long ago, choice was a rare thing for most African Americans; therefore, we must hold on to this precious freedom and call those to task when that freedom is challenged.



LT J.P. Laluan

Freedom of speech is always on my mind.

HM3 Christine Smith



There are only a couple of things in my life that I cherish. The first is my children and the second is the health of my family. By being an American, freedom is something we have all grown up with and, through time, have lost respect for. Freedom of choice would be the most important for me.

(Official U.S. Navy photos by AN Kevin Cameron)

NEXCARD program replaces Navy Exchange layaway plan

On Nov. 1, the Navy Exchange Service command introduced the customer friendly NEXCARD Program, a service designed to replace the manual labor and paperwork intensive Home Layaway Program. The major features of NEXCARD include the following:

- * A major purchase program with a minimum of \$200, excluding certain categories of merchandise such as food, tobacco products, wine, beer and spirits. Purchase limits continue to range from \$300 for an E-1 to \$2,000 for chief petty officers and above.

- * Customers can take merchandise to any register to make a NEXCARD purchase, using the same procedures as a credit card transaction.

- * Payments are made over a six-month period with 1 percent monthly interest on the unpaid balance.

- * Customers will be required to fill out a completed application, with required identification, to any Navy

will be issued at the NEX immediately if desired by the customer. A permanent plastic

signature verification on junior personnel's NEXCARD applications, exclusion of those with

a record of bad checks and/or delinquent home layaway payments and an effective automated follow-up system for personnel with overdue accounts. In addition, a copy of second

past-due notice will be sent to appropriate command master chiefs or commanding officers and involuntary pay checkages will be processed against customers with delinquent accounts that are 30 days past due, after all notification requirements have been met.

Based upon these features and controls, NEXCARD Program is expected to be a successful and popular customer service feature for Navy personnel and their families.

(Courtesy of Navy Exchange Command, Staten Island, N.Y.)



NEXCARD identification card will be issued within seven to 10 days.

The NEXCARD program is designed to provide Navy Exchange customers with the convenience of a major purchase plan at a low annual percentage rate. At the same time, it was conceived with several controls to preclude junior enlisted personnel from incurring excessive purchase debt. These controls include purchase limits based on ranks, leading petty officer

For additional verification purposes, a department head or leading chief petty officer's signature will be required on the application of all E-4's and below.

- * A temporary NEXCARD

NMCO welcomes new PAO

LT Stephen A. Gregerson is a United States Navy Medical Service Corps officer who has been stationed at Naval Medical Center Oakland since July 1992. He was appointed collateral duty public affairs officer in October 1993, bringing a solid foundation in command administration from his position as executive assistant to the commander.

During his 18 years in the U.S. Navy, Gregerson has performed many duties including 11 years in the enlisted ranks at duty stations such as the USS Juneau (LPD-10), Naval Hospital Bremerton in the state of Washington and Naval Hospital Iceland.

In 1986 he was commissioned an Ensign and assigned to Naval Medical Clinic, Seattle, as the head of patient administration and, in 1989, he began three years at the Naval Hospital Okinawa, Japan, as the head of contingency planning.

LT Gregerson has a bachelor of science degree in occupation education and a master of arts in management from Webster University. He is married to the former Vernita Hanson and has three sons: 16-year-old Joshua; Joel, who is 10



LT Stephen A. Gregerson

years old and 7-year-old Jacob. "This is an exciting opportunity that I seized eagerly when it was offered to me," Gregerson said. "This training is rather unique for a Medical Service Corps officer, and I am really looking forward to representing this command and its personnel to the public. Getting accurate information to our beneficiaries and keeping our civilian employees and military personnel well informed about the hospital's downsizing and eventual closure are going to be extremely important responsibilities over the next few years."

Red Rover

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AN Kevin Cameron,
HM3 Jeff De Lude

Lab tech enjoys volunteer work

By JOSN Ed Bockstruck

When she became a laboratory technician HM3 Laura Middendorf missed the interaction with people she'd experienced during the two years she taught high school before joining the Navy, so she became involved with local community service programs.

Middendorf, who has been training petty officer in NMCO's Immunochemistry Laboratory for the past three years, volunteered to work with AIDS patients through the Volunteer Centers of Alameda County, helping them to cope with their disease and give them the encouragement and companionship they need.

"I feel good about what I am doing," said Middendorf, whose bright smile and caring attitude seems to encourage those around her. "It's definitely helping me get back the sense of optimism and compassion I had lost while working only in the Lab."

Middendorf joined the Navy in September 1988 to get her master's degree in Science Curriculum (which she received this spring) and to enter the medical

profession. However, she missed the involvement with people and turned to volunteerism.

"I went to [NMCO's] Social Services to ask their help in finding some type of volunteer work," she said, adding that they put her in touch with the Alameda County Volunteer organization. Then, after going through a series of interviews, she decided to "work with AIDS patients through Project Eden in Fremont."

The next step was a 40-hour training session divided into two 20-hour blocks during which she learned how to deal with ways of moving AIDS patients with restricted movement, familiarization with the different medications that they take and the different symptoms they exhibit.

She also studied methods of emotional support, and set personal boundaries about how to select individuals with whom she would like to work.

Matching between patient and volunteer doesn't always work at first, she said, "but if it doesn't, then you go to another person."

"Some patients are not very receptive to being helped," she explained. "The first patient I worked



HM3 Laura Middendorf (left), training petty officer in the Immunochemistry Laboratory, works with HM2 Tony Landers (right) on testing procedures. (Official U. S. Navy photo by JOSN Ed Bockstruck)

with was removed from the program because he was deeply into drugs and wouldn't stop using them.

"The elderly man I work with now doesn't have any family up here. I spend three hours with him on Monday night, one or two hours

on Thursday night and I also call him at least once a week.

"He doesn't speak a lot of English, mainly Spanish, and since my Spanish is pretty bad, it gets pretty interesting.

"He really likes to sit around and talk. He'll tell me the same stories over and over again, which is good, since I usually don't understand them the first or second time anyway."

But the learning process isn't always one-sided. "I've learned a lot from him — about Mexican history and about the different places he has travelled to," said the native of Decatur, Ind.

In addition to working with AIDS patients, Middendorf is involved with community service at the Marine Mammal Center in Sausalito. "There, I assist the Friday night crew working with harbor seals, elephant seals and sea lions," Middendorf said. "We do force feedings, tubings, start IV's, give needed injections, a lot of cleaning...It definitely gets the adrenalin going."

However, working with people is what she enjoys most and she also helps with the train-

ing of new volunteers for Project Eden.

"There is a big need for more volunteers right now," she continued, "Maybe there aren't enough people who know about the program, or they're scared to volunteer. It's really scary to do something like this. You are putting yourself in a vulnerable position. You don't know what to expect."

But despite the drawbacks and extra work due to lack of volunteers, Middendorf has managed to maintain her initial drive and enthusiasm for her activities because she "wants to help make the world a better place."

Plans for her future include more community service, but she's thinking of widening her horizon to include the Peace Corps through which she hopes to go to Eastern Europe or North Africa. But she also wants to go back to teaching "somewhere in the Mid-West."

"Being a volunteer is a very uplifting experience," she concluded. All it takes is a visit to the Social Services Office on the 9th Floor of building 500 to get involved with a community service that best fits you.

Adella Griffis

Civilian of the Quarter

By AN Kevin D. Cameron

Adella Griffis, Naval Medical Center Oakland's Civilian of the Quarter, brings with her each day a little bit of the bedside manner that makes healthcare one of a few professions that can create joy in the wake of sadness. As a caregiver, Griffis has extensive clinical experience and a concrete education.

Griffis began her career in the Air Force, but after three years she left to indulge in other interests. After another three years as a civilian, she enlisted in the Army in 1962. Throughout her 19 years with the Army, she ascended to running her own ward. Griffis' final tour was spent in Germany, during which she was eligible to be advanced to master sergeant, E-8. But she had plans outside of the Army and retired to pursue a degree in Interior Design.

As she was completing requirements for the associates of arts, Griffis realized that, in fact, Interior Design was better suited to be a hobby than a career. Drawing upon her vast experience as a nurse, and relying heavily upon her formal education as a licensed vocational nurse, she side-stepped into her current position at Oak Knoll.

Her first department was 9-West, a medical ward. "Back then, there were two wards, we were extremely busy," she recalled. Griffis provided only the best care and, in 1987, she was nominated to be Civilian of the Quarter. During the following years, she worked in Obstetrics/Gynecology (OB/GYN) and currently resides in the Surgery Clinic. Her current ambitions include possible retire-



Adella Griffis

ment in two or three years to provide her with the time to enjoy life at a pace that she can dictate.

Griffis was born in Buena Vista, Miss., and raised in Greenwood, Miss., where she pursued her primary education. Even though most of her family has moved away, she does have a brother in Mississippi. The theory that more is better is certainly true here, Griffis has a twin sister living in Huntsville, Ala. Although her family is spread throughout the United States, she can extract from her own life experiences to assist with her relationships at the hospital.

"There is nothing I love more than working with the bright young people in my department," Griffis said. She further explained the catalytic effect she has had with her peers through personal interactions. Griffis' attempts are to provide positive examples both in her actions and her savvy advice. "Although I am partial to the Army, I really love the military personnel, even in the Navy," she quipped.

Ms. Adella Griffis bears the distinction of Civilian of the Quarter at Oak Knoll for July-August-September. Relaxed and confident, Griffis exemplifies having "life in order."

We're having a party

The Association of Bay Area Medical Service Corps Officers is hosting a "Medical Service Corps Holiday Gathering" for all MSC officers and their guests on Friday, Dec. 10, 1993, at 2 p.m. until "everyone is tired" in the All Hands Room at Club Knoll.

Drinks will include:
Draft beer
House wine
Mineral water
Juice
Soda

Buffet will include:
Cooked and peeled shrimp with cocktail sauce
Barbecue meatballs
Breaded chicken drumettes
Egg rolls with sweet 'n' sour sauce
Assorted cheese with crackers
Fresh vegetables with Ranch dip
Sliced fresh fruit

Civilian casual attire is encouraged. All costs will be paid for by proceeds from the Ball.
Points of contact: LT Jo Ann Blando, (510) 633-6204
LTJG Scott Spratt, (510) 633-4935
Don't miss it!!!

Hospital conducts semi-annual disaster drill

By JOSN Ed Bockstruck

The 1990 Oakland Fire Storm and the fires in Southern California, have prompted Na-

val Medical Center Oakland to increase its evacuation preparedness.

On Nov. 4, the hospital conducted its semi-annual disaster drill, EVAC 93, in accordance with the Joint

Commission for Accreditation of Healthcare Organizations (JCAHO).

The purpose of the drill was to test and evaluate the following:

- * Activation of the evacuation plan.

- * Activation of the recall plan.

- * The use of Hospital emergency Incident Command System.

- * The on-base emergency notification process.

- * The new public address system in building 500.

- * The mass evacuation setup procedures.

- * The patient tracking system.

- * The manpower pool setup and the ability to man all areas in a timely manner.

As with any drill, EVAC 93 looked for the possible problem areas. "You are always going to have problems," said LT Nancy Franze, MSC, USN. "The drills are held to find out what those problem areas are so they can be corrected before a real emergency occurs." Franze is NMCO's disaster preparedness officer.

A scenario was used to set the parameters of the drill. It stated:

Nov. 4, 1993, is a hot dry day with Santa Anna winds blowing in from the East. There has been a lack of appreciable rainfall for the last 12 weeks. The fire hazard is extremely high and several large fires are

burning in the Sierras at this time. Out-of-state fire fighting help has been requested.

In order to keep a high level of preparedness among the staff, this drill and the annual earthquake drill, in April, are conducted every year.

At 6:30 a.m., a small grass fire was started at a Boy Scout campout on the west shore of the Upper San Leandro Reservoir. The fire was detected by local park rangers at 6:50 a.m., who reported it as out-of-control. NMCO was notified at 7:30 a.m. by Oakland City Fire Department and mutual aid was

requested from NMCO's Fire Department. One truck was sent to the scene.

At 7:50 a.m., heavy smoke engulfing building 500 and getting into the ventilation system.

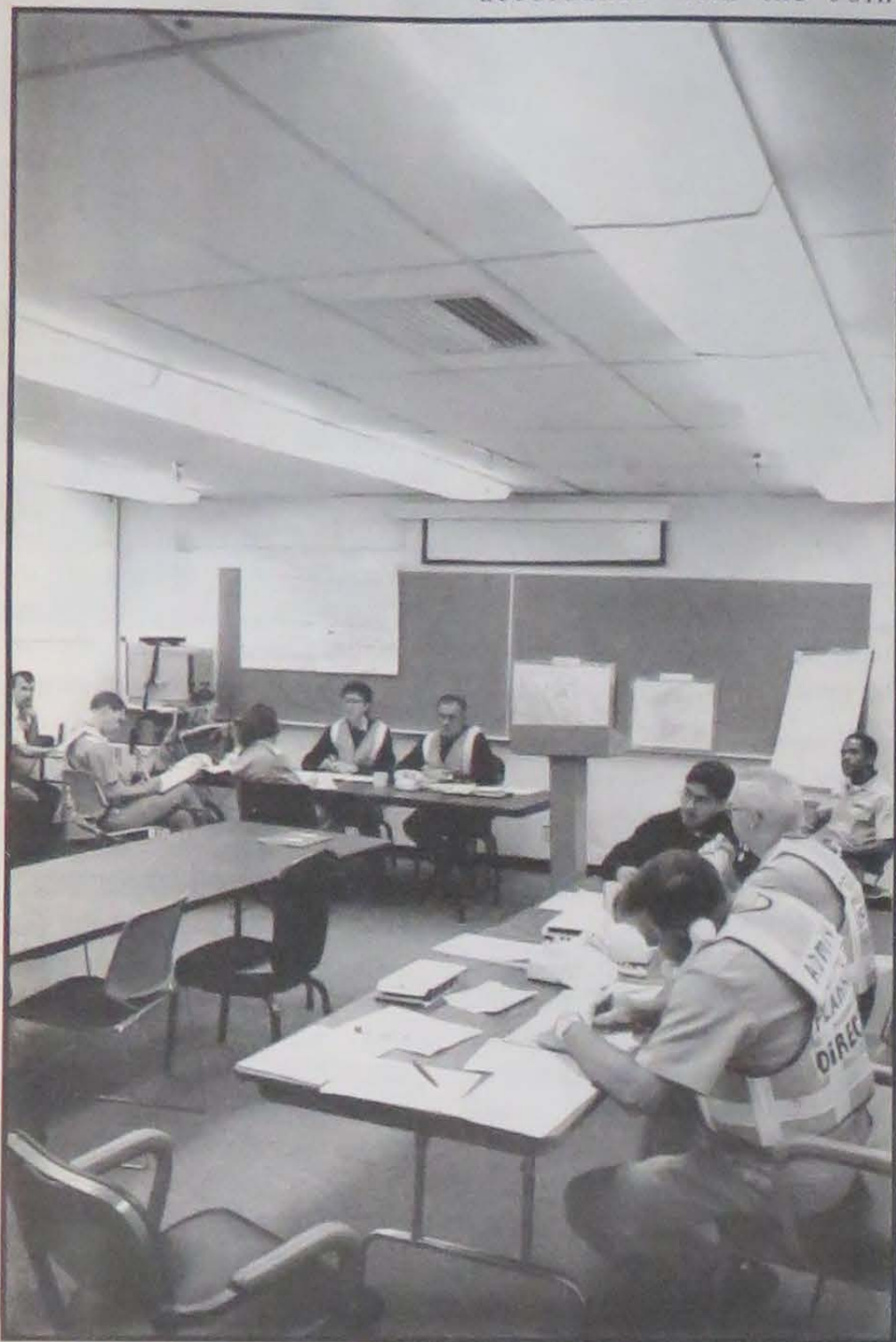
As the scenario progressed, the Emergency Operations Center threw in some unplanned items to help "shake things up," said Franze, explaining all the surprises were added to see how the staff would respond in various situations.

One of the surprises was a "simulated closing of the westbound 580 to all traffic," continued Franze.

"Everyone learned how to work as a team and that helps build cohesiveness among the staff."

In order to keep a high level of preparedness among the staff, this drill and the annual earthquake drill, in April, are conducted every year. LT Liz Spornow, Franze's relief, was on board and able to experience firsthand what her new role will be.

BAY MED 94 is an external drill scheduled for April 14, 1994.



Even during a planned disaster drill, the control center is bombarded with incoming statistics about casualties, damage and available resources. (Official U.S. Navy photo by AN Kevin Cameron)



During the recent evacuation drill, crews manned the Emergency Room entrance to assist in the removal of ambulatory patients. (Official U.S. Navy photo by AN Kevin Cameron)

Veterans Briefs

College fees waived for disabled/deceased veterans' dependents

The California Department of Veterans Affairs (CDVA) administers a college fee waiver program for children and dependents of service connected disabled or service related deceased veterans. With the increased fees at California's universities and colleges this program is more valuable than ever.

There are two ways a student may qualify to receive a waiver of State college tuition and registration fees:

1) The spouse, child or unmarried surviving spouse of a veteran who is totally service connected disabled (100 percent) or who died of a service related death may qualify. The veteran must have served during a qualifying war period and be honorably discharged. This program does not have an income limit. The spouse and child cannot be over 27 to receive the waiver benefit. The age limit is extended to 30 if the student was in the military. There are no age limits for a surviving spouse. **Note: A dependent cannot receive this benefit if they are currently in re-**

ceipt of USDVA Chapter 35 benefits.

2) The child of a veteran who has a service connected disability (zero percent or greater) or died of a service related death may also qualify for a waiver of fees. Students are required to meet the annual income limit which includes the students reported income and the value of support provided by the parents which cannot exceed \$5,000 annually. **Note: Effective July 1, 1994, the amount will be increased to \$7,000.**

Waiver

The waiver of fees is only applicable at California State Universities, University of California campuses and California community colleges. Benefits are awarded on an academic year basis and students are required to reapply for continued benefits.

Points of contact for more information are local County Veterans Service Offices and College Veterans Affairs/Financial Aid Offices. County Veterans Service Offices are listed in the phone book under "Government Pages." Information can also be obtained by calling 1-800-952-5626.

Health benefit open season

By Sydney Santos

An open season, during which eligible federal employees may enroll or change enrollment to a new Federal Employees Health Benefit Plan, started with a health fair on Nov. 10 and will continue through Dec. 13, 1993. Under open season regulations eligible employees who are not currently registered may enroll and enrolled employees may change from one plan or option to another. They can also change from self only to self and family or any combination of these. Those who do not wish to make any change do not need to take any action.

Distribution of open season literature became available through administrative offices prior to the Nov. 10th opening date. This year, each employee should receive a 1994 Enrollment Information Guide and Plan Comparison Chart (RI 70-1) containing enrollment instructions, a chart comparing the major benefits of all FEHB plans and a biweekly and monthly list

of premium rates for all plans.

The comparison chart in RI 70-1 booklet gives general descriptions of the benefits of each available plan. It can also be used to compare benefits among the plans; however, since RI 70-1 contains only a general description of plan benefits, it should not be used as a sole resource upon which to make a decision about enrollment or change to another plan. It is also important to remember that only the employees can decide which plan is best for them or their families.

If, after examining the comparison chart included in RI 70-1, employees decide that they are interested in enrolling in or changing to a particular plan, they should consult the brochure of the plan for a complete description of the benefits. Brochures can be obtained at the Human Resource Site Office in building 131. However, due to the limited quantity available, they must be returned after review.

Also available at the site office are the Health Benefit

Registration Forms (SF-2809) that must be completed and submitted to that office prior to close of business on the last day of the open season. Enrollers are advised to keep the brochure for the plan they elected because it is the official description of benefits that will become effective Jan. 9, 1994.

Employees should keep in mind that they must have been covered under the FEHB Program for the five years of service immediately before retirement — or, if less than five years, for all periods of service during which they were eligible for FEHB coverage and for participation in a retirement system — in order to continue health benefits coverage after retirement. CHAMPUS coverage will count so long as the employees are enrolled in the FEHB Program at the time of retirement.

Additional information may be obtained at Naval Medical Center Oakland's Site Office by contacting Nathaniel Kimbrough or Veronica Vasquez at (510) 633-6373.

Recycling is a must at NMCO

By Andree Marechal-Workman

The Integrated Waste Management Act of 1989 (AB939) requires that every city and county in California reduce solid waste generation by 25 percent by 1995 and 50 percent by the year 2000. In order to meet this goal, Naval Medical Center Oakland (NMCO), whose recycling program has produced good results in the past, needs to be even more vigilant in its efforts.

With this in mind, on Aug. 9, 1993, CAPT David A. Snyder, MC, USN, initiated the Environmental Office and named Larry Douchand as its manager. Snyder, who is NMCO's executive officer, tasked the newly created unit to handle the waste reduction program and coordinate a Qualified Recycling Program (QRP) with the command's Morale Welfare and Recreation (MWR) Department.

"In spite of base closure, NMCO must comply with the regulatory goals set forth by the Waste Management Act," said Douchand. "We will still be open in 1995, and it is imperative that

we meet the 25 percent goal by that date."

According to the environmental program's solid waste coordinator, Dan Yee, 125 tons of recyclable materials were collected at NMCO in 1992 and 225 tons in 1993. "These numbers are impressive and encouraging," he said, "but they represent only 4 to 9 percent of the solid waste generated at the command."

The bottom line is that we must not only continue our recycling drive, we must do more, Yee pointed out. "One example of how a department can further reduce waste is to xerox material on both sides of a sheet of paper instead of using two sheets. Another is to recycle waste white and computer paper in recycling containers."

The Standard Operating Procedure (SOP) for NAVHOSPOAKINST 5090.1 CH-1 sets forth the steps that should be followed to implement a successful departmental waste management program.

*Designate a recycling coordinator.

*Make sure that each department's workstation has recycling containers.

*Provide and designate a central recycling bin; for example, a 55-gallon container with wheels as the drop off point for each recycling item in the department.

*Deliver recyclable material (white paper, cardboard, aluminum cans, plastic and glass bottles) to the Recycling Center in building 133 or the MWR Recycling Trailer. (Personnel of those sites can be reached at (510) 633-6265 and 6705, respectively, for additional information).

*Give MWR director and Environmental Office personnel your input and ideas how to expand and improve upon current recycling procedures.

"If you do not have a recycling coordinator, appoint someone to do the job until a permanent coordinator is assigned. Then, bring your recyclable materials to the centrally-located MWR's collection bins," Yee said, adding that drop off locations have also been arranged throughout the command to facilitate the recycling process. "A phone call to our office (633-6300) or to MWR (633-6705) will supply all necessary information regarding drop off sites and schedules" — providing a written list upon request.



This amount of recycled material stored at only one of the drop off sites represents only 4 to 9 percent of the solid waste generated at the command — a rate far short of the mandatory 25 percent required by the Integrated Waste Management Act of 1989. (Official U.S. Navy photo by AN Kevin Cameron)

"In our ever-changing regulatory climate and environmental awareness, NMCO must take a leadership role in recycling and waste reduction," Yee concluded. "This means that everyone must reduce waste and recycle."

Suggestions are welcome. Call Dan Yee at (510) 633-6300, or send your suggestions to the Environmental Office, building

63-B, code OEM or to MWR, whose point of contact is Mick Marumoto. He can be reached at (510) 633-6705.

(Editor's Note: Another attractive feature of the recycling program is that it benefits MWR. All profits are turned over to Marumoto to fund such projects as command picnics, Christmas parties, upkeep of the children's playground and more).

Health Fair '93

By JOSN Ed Bockstruck

On Oct. 8, staff members of Naval Medical Center Oakland, its branch clinics and its tenant commands got together and showed their stuff during the Second Annual NMCO Health Fair held in the hospital lobby and Outpatient Records entry way.

The purpose of the fair is to educate hospital personnel and its tenant commands about the jobs each section of the hospital performs, said LTJG Ramona Domen, NMCO Post Anesthesia Care Unit nurse and the fair's activities coordinator.

According to Domen, there were 23 booths this year, which

is about the same as last year, and attendance was estimated at about 150 people.

Some of the various branches represented included Nutrition, Dermatology, Moral, Welfare and Recreation (MWR), CHAMPUS, The Presidio Patient Service Centers and 18 others.

The Wellness Department's Health and Cholesterol Screening Test appeared to be the crowd favorite, drawing over 100 participants, she said.

Each department that participated put about 12 man-hours of work into the fair, continued Domen. That adds up to 276 total hours.

While this year's fair was a big success, plans for next year

include getting even more departmental participation and encouraging the ordering of needed materials earlier.

Without everyone who participated, it would not have been possible for the fair to be held. All the different departments are instrumental in making it the success it has become.

"I would like to thank everyone who participated in this year's Health Fair," said Domen. "Everyone put forth a good effort and was full of enthusiasm."



ENS Elizabeth Escalera, NC, checks the blood pressure of retiree dependent, Catherine Baker. (Official U.S. Navy photo by Andree Marechal-Workman)

Happy 218 birthday United States Navy



ADM Frederic Sanford (second from left) and his executive staff spent their lunch time on Oct. 13 serving food to the troops in honor of the U.S. Navy's 218th birthday. (Official U.S. Navy photo by HM3 Jeff Delude)



HM2 Jeffrey Cole of Inhalation/Respiratory Services discusses special inhalation therapy with retiree, Donald Venton. (Official U.S. Navy photo by Andree Marechal-Workman)

Chaplains Corner

By CAPT Norman Williams,
CHC, USN

"... in psalms and hymns and spiritual songs, singing with grace in your hearts to the Lord. And whatsoever ye do in word or deed, do all in the name of the Lord Jesus, giving thanks to God and the Father by him. Colossians 3:16-17

Over the river and through the woods to grandmother's house we go,

The horse knows the way to carry the sleigh through the white and drifted snow.

Over the river and through the woods my how the snow does fly, hurrah for the fun is the pudding done, hurrah for the pumpkin pie.

These words are not a psalm nor a hymn, but they seem to me to be almost sacred for nothing brings to my mind the image of Thanksgiving more than this song.

Thanksgiving is not a religious holiday. It is a national holiday. An American holiday. The first Thanksgiving was celebrated on Dec. 13, 1621, and was declared a day of feasting and prayer by Governor William Bradford. The pilgrims invited Chief Massasoit and his

braves to participate in the festivities.

But it was not until 1863 that Thanksgiving Day became a national holiday when Abraham Lincoln issued the first Thanksgiving Day Proclamation. It is as American as apple pie.

Thanksgiving should move us to care enough for our country to correct the wrong and preserve the best, and in so doing we shall fulfill our high calling of being a servant of God among the nations of the earth.

As a youngster, and some of the most indelible memories of my extended family are associated with Thanksgiving Day, we would gather at my grandparents home in southern Ohio. Aunts and uncles, fifteen grandkids would all gather together and we could hardly wait

for Thanksgiving dinner. It would consist of turkey baked golden brown and perhaps wild rabbit and squirrel also. There would be huge pans of dressing, plain and oyster, mashed potatoes and gravy, succotash, baked sweet potatoes, melt in your mouth biscuits, whole cooked cranberries and coleslaw. And then, for dessert, there would be warm pies both spicy, pumpkin and apple. The grownups would spend an hour or so around the table and it was great fun for us kids to listen in on their conversation. There was no TV, so it was a great time for the family to just visit. Later in the afternoon the men and boys might go rabbit hunting for a couple of hours, but mostly it was a time for continued talk. It was a day of thankfulness to God for family, for the bounty of God's goodness and for freedom.

I believe the Thanksgiving season is a blending of religious faith and patriotism. Religion and patriotism are two streams that run parallel, but are not the same. The danger is to substitute patriotism for religious faith, to give the state the service which belongs to God. On the other hand, if religion is substituted for patriotism, the result can be an unhealthy sec-

tarian oppression. I believe we have done very well in America for we have a healthy blending of the appeal of faith and patriotism celebrated in our traditional Thanksgiving. Thankful that we are a nation and thankful that we are of God.

Thanksgiving brings us a fresh sense of the need for religious faith. Back in the 1920's W. P. Montague wrote; "Religion is coming to be unnecessary because fear and sorrow are no longer major themes of

our culture. There is a new confidence in man's ability to make life happy and prosperous by purely secular means." No. The reality is that our nation's structure needs a religious foundation. Thanksgiving should move us to care enough for our country to correct the wrongs, preserve the best, and in so doing we shall fulfill our high calling of being a servant of God among the nations of the earth. Have a HAPPY THANKSGIVING!

Legion of Honor



Recently, Legion of Honor recipient, CAPT Deborah Nelson, and CAPT Norman Williams, Head of the Pastoral Care Department, shared a quiet moment in the chapel on the occasion of the awards presentation. (Official U.S. Navy photo by AN Kevin Cameron)

CAPT Norman Williams, head of Pastoral Care Department presented CAPT Deborah Nelson with the Legion of Honor award recently. Nelson, who is a Nurse Corps reservist drilling at Naval Medical Center Oakland was awarded the Legion of Honor "for her sustained unselfish efforts in both military and civilian life to promote interfaith and interracial harmony," according to CAPT Melvin Silverman, DC, USNR (ret).

Membership in the Legion of Honor is awarded to nominated individuals whose lives reflect selfless service to community, nation or humanity without regard to race, religion or creed, as dramatically exemplified by the Four Chaplains.

Four Army chaplain: LT Alexander D. Goode (Jewish), LT Clarke V. Poling (Dutch Reformed Church), LT John P. Washington (Roman Catholic) and LT George L. Fox (Methodist) and approximately 900 men were aboard the Army troopship Dorchester when it

was torpedoed by a German submarine off the coast of Greenland on Feb. 3, 1943.

Survivors report that the chaplains moved among the frightened men, calming, comforting and praying with them. Many who struggled to the deck had no life jackets. When no more could be found, the chaplains took off their own and gave them to nearby soldiers who had none, never asking whether the men were Protestant, Catholic or Jewish.

In 1951, President Harry S. Truman dedicated the Chapel of the Four Chaplains in honor of the heroic sacrifice of the four chaplains, and the motto "Unity Without Uniformity" was created. Since then, Chapel awards have been presented to several presidents, cabinet officers and members of Congress of this country, foreign heads of states and to luminaries such as Bob Hope, Surgeon General Everett Koop, Martha Ray and John Cardinal Krol, as well as to citizens of all walks of life in every part of the country.

Continued from page one

Navy Chaplain Corps 218th anniversary



NMCO's Pastoral Care staff (from left) LCDR David Winslow, LT J. Lynne Kennedy, CAPT Norman Williams and LT Francis Walsh are captured by the camera in the command's chapel. (Official U.S. Navy photo by JO2 Stephen R. Brown)

he explained. "The Navy provides us with military and officer training and the opportunities, but the church holds us responsible for our faith groups, rights, policies and rituals. And if the church sees fit to pull out its endorsement, we couldn't continue our ministry in the Navy."

In the 218 years since it was founded, the Navy Chaplain Corps has gained in stature as well as number. From an initial complement of seven active-duty on Dec. 13, 1800, in keeping pace with

the needs of the Navy, according to Kibben, the Chaplain Corps has grown into a force of 1,050 officers. On this list figure 62 women, some of whom serve on non-combatant ships such as tenders, oilers and other combat logistics support groups. "We've had a number of women come through the Chaplain Corps," Williams said. "I think the numbers are growing, but it is slow. The ministry for some denominations is still a man's world and we have to deal with that."

But regardless of gender, members of the Navy Chaplain Corps can not only be proud of their heritage, they can also look forward with optimism to a very positive future. Downsizing and base closures notwithstanding, in the words of Chaplain Williams, "the opportunities for ministry in the military are going to be abundant. The need for faith development is greater than ever and, as I see it, we can't be more important than we are now."

Navy announces new smoking policy

BUPERS Washington (NSMN) — The Department of the Navy is implementing new smoking regulations that will significantly change smoking inside ships, aircraft, vehicles and buildings. The new regulations go into effect at all Navy and Marine Corps commands no later than Jan. 1, 1994.

"The policy will ensure smoke-free work and living spaces for our people," said LCDR Nancy Godfrey, MSC, the tobacco prevention cessation programs officer at the Bureau of Naval Personnel. "Commanding officers will designate smoking areas on Navy vessels not to encourage smoking, but to provide a place for smokers who are having a difficult time quitting."

The new smoking policy is designed to protect Navy and Marine Corps people and their families from involuntary exposure to environmental tobacco smoke (ETS). The Environmental Protection Agency has classified passive smoking, or ETS, commonly known as secondhand smoke, as a "Group A" carcinogen.

Aboard surface ships, smoking areas shall be designated on weather deck areas away from air supply intakes. If weather deck areas are not available, commanding officer shall designate one or more normally unmanned spaces inside the ship that vent directly outside the vessel, and that will not recirculate secondhand smoke.

Designated smoking spaces will not include normally manned work or living areas, such as watch stations, berthing areas, lounges, messing areas, libraries, ready rooms, exercise areas and medical areas.

Commanding officers of submarines will designate smoking spaces based on guidance from the force commander and the nuclear powered submarine atmosphere control manual (NAVSEA)-AB-ATM-010 (U).

At shore facilities, commanding officers may designate outside smoking areas away from areas commonly used by non-smokers. Outside smoking areas must be located away from air intakes and building entry ways

and egresses, so that the smoke is not recirculated into buildings.

Smoking will be permitted in individually assigned family quarters, bachelor quarters and hostess house and Navy lodge rooms, providing they are not serviced by a common heating, ventilation or air conditioning system.

Smokers who want to quit will not be left out in the cold. The Navy and Marine Corps have several programs and

classes available to help smoking cessation. These services are free and available through command fitness coordinators, medical treatment facilities and family service centers.

The 1992 worldwide survey of substance abuse indicated that about 37 percent of the people in the Navy smoke. While smoking is declining, the Navy is still well above the national average of 25 percent.

NMC Oakland's tobacco cessation coordinator



Naval Medical Center Oakland's tobacco cessation coordinator, LVN Gladys Lowe, listens to CAPT David Moyer, Jr., MC, describing the ideal results from the breath analyzer in his left hand. Moyer is subject matter expert to the Navy surgeon general for tobacco-related health issues. (Official U.S. Navy photo by AN Kevin Cameron)

Gladys Lowe, who successfully completed the Fresh Start Program sponsored by the American Cancer Society on Oct. 19, 1993, is currently facilitating a smoking cessation series of classes. These classes, available to all military personnel, dependents, retirees and civilian employees, consist of five meetings that begin the first four Wednesdays and the second Friday of each month. For example, the November sessions started on Nov. 3 and

continued Nov. 10, 12, 17 and 24. The December sessions will start Dec. 1 and continue on Dec. 8, 10, 15 and 22. The second Friday sessions were added to the program as important follow ups 48 hours after the quit date.

Lowe also coordinated the American Cancer Society's Great American Smokeout that took place Nov. 18. According to CDR Cecelia Dawe-Gillis, head of NMCO's Consultative Services Department, "this event is an upbeat, good-natured effort to

encourage smokers to give up cigarettes, cigars, pipes and smokeless tobacco for 24 hours," hoping they might quit for good as a result of the experience.

Unfortunately, publishing schedule did not allow coverage of this colorful event in this issue of the Red Rover, but a follow up will be included next month. Meanwhile, any individual interested in attending the smoking cessation classes can contact Lowe at (510) 636-4824 or page her at 729-3361.

Nutrition and exercise: What your body needs

By LT Lea Cadle, MSC, USN

This is the fourth of a five part series on nutrition and exercise.

True or false?

Eating a candy bar or other sugary foods right before exercising will give you energy?

Answer:

False: Don't eat anything, especially not sugary foods or drinks one hour prior to exercising or competition, since that can actually result in a drop in blood sugar levels. There is no magic

pregame meal. Your body's energy stores come from foods eaten hours — even days — earlier, not from what you consume immediately before exercising. Although individual preferences and food tolerances are important, there is some consensus about what an athlete should and should not eat before a workout. To allow time for digestion and prevent stomach discomfort, eat your final meal two to four hours before exercising. Choose foods that "sit well" with you and eat moderate portions. As a general rule, your pregame meal should be high in complex carbohydrates, low in fat and

protein and not bulky. This will be easy to digest, will maintain blood sugar and won't promote stomach distress.

During endurance events, such as long-distance running, cycling or cross-country skiing, you may have to eat something to provide additional calories, decrease hunger and maintain the blood sugar that the muscles rely on. High carbohydrate snacks such as sliced oranges or apples, crackers, rice cakes or a candy bar may stave off fatigue.

(Editor's Note: The above article was adapted from University of California Berkeley's Wellness Letter)

Smoking at Naval Medical Center Oakland

At Naval Medical Center Oakland, the tobacco smoking policy goes one step further. According to its commander, RADM Frederic Sanford, NMCO Navy Exchange will no longer sell cigarettes effective Feb. 1, 1994. "As a radiologist, I subspecialize in radiation therapy and did cancer therapy. For too long, I have seen the damage that smoking can cause," he said, adding that he feels he has the responsibility to do everything in his power to ensure the health of the command by discouraging smoking.

Making it very clear that this is a personal decision, he explained that since, legally, he couldn't raise the price of cigarettes, he would

exercise his only option and stop the sale of cigarettes on base altogether. He added that he will comply with all laws stipulating that he must provide a place for those who want to smoke, but justified his position by making a moral statement. "A health care institution should project a health image and doesn't need to subsidize the tobacco industry," he stated emphatically.

Campaign

In line with his personal campaign against smoking, he will also step up the command's tobacco cessation program in order to help all those who want to kick the habit. See story at left for the list of classes available in this regard. (AMW)

FSC classes, Alameda

The following classes will be at the Navy Family Service Center, NAS Alameda, building 613. For more information or to register for classes, call Cheryl Taylor at (510) 263-3146.

Women's phase group for domestic violence, every Thursday, 10-11 a.m.

Women's adults molested as children group, call for times and date.

Men's phase program for domestic violence, every Tuesday, 10-11 a.m. Transition Assistance Resource Center, second deck, building 78. Call 263-3129 for hours of operation and details. Appointments are requested, but not required.

Starting point, building 78, Nov. 22 and 29, 10-noon.

Mid day mom series, Dec. 1, 8 and 15, 11 a.m.-12:30 p.m.

Resume writing I and II. Part I will be Dec. 2, 6:30-8:30 p.m. and part II will be Dec. 4, 10 a.m.-3 p.m.

Stress and the holiday season, Dec. 6, 6:30-8:30 p.m.

Stress management, Dec. 8, 9 a.m.-4 p.m.

Interviewing skills, Dec. 9, 6:30-8:30 p.m.

College career comeback, Dec. 9, 6:30 p.m.

South Bay Ombudsman Council Meeting, Dec. 14, call for time.

Newsletter workshop, Dec. 15, 6:30-8:30 p.m.

City safari: Holiday shopping, Dec. 16, 9 a.m.-3 p.m. Must be registered by Dec. 13.

Volunteer income tax assistance, call for information.

FSC classes, T.I.

The following classes are offered at Family Service Center T.I. All courses are held in building 257 unless otherwise noted. To register or obtain more information, call (415) 395-5176.

Crafts fair, Dec. 1, 9 - 11 a.m.

SF-171 preparation, Dec. 1, 9 a.m. - noon.

Pregnant sailor's workshop, Dec. 2, 8:30 a.m. - 3:30 p.m.

Car Buying workshop, Dec. 6, 10 - 11:30 a.m.

Adult CPR training, Dec. 7, 7:30 a.m. - noon.

Sponsor training workshop and support workshop, Dec. 7, 8 - 9:30 a.m.

Resume writing, Dec. 8, 8 a.m. - noon.

Just for spouses, Dec. 9, 9 a.m. - 2 p.m.

Ambassador's club, Dec. 9, 2 - 3 p.m.

Adult CPR training, Dec. 13, 7:30 a.m. - noon.

Interviewing techniques, Dec. 14, 8:30 - 10 a.m.

The nest: Do's and don'ts for mom, Dec. 14, 10 - 11 a.m.

Stress management: Conquering the holiday blues, Dec. 15, 9 - 11 a.m.

Job search workshop, Dec. 15, 9 a.m. - noon.

Welcome aboard orientation, Dec. 16, 8 - 9:30 a.m.

Toys-for-Tots distribution, Dec. 16 and 17, 9 a.m. - 3 p.m.

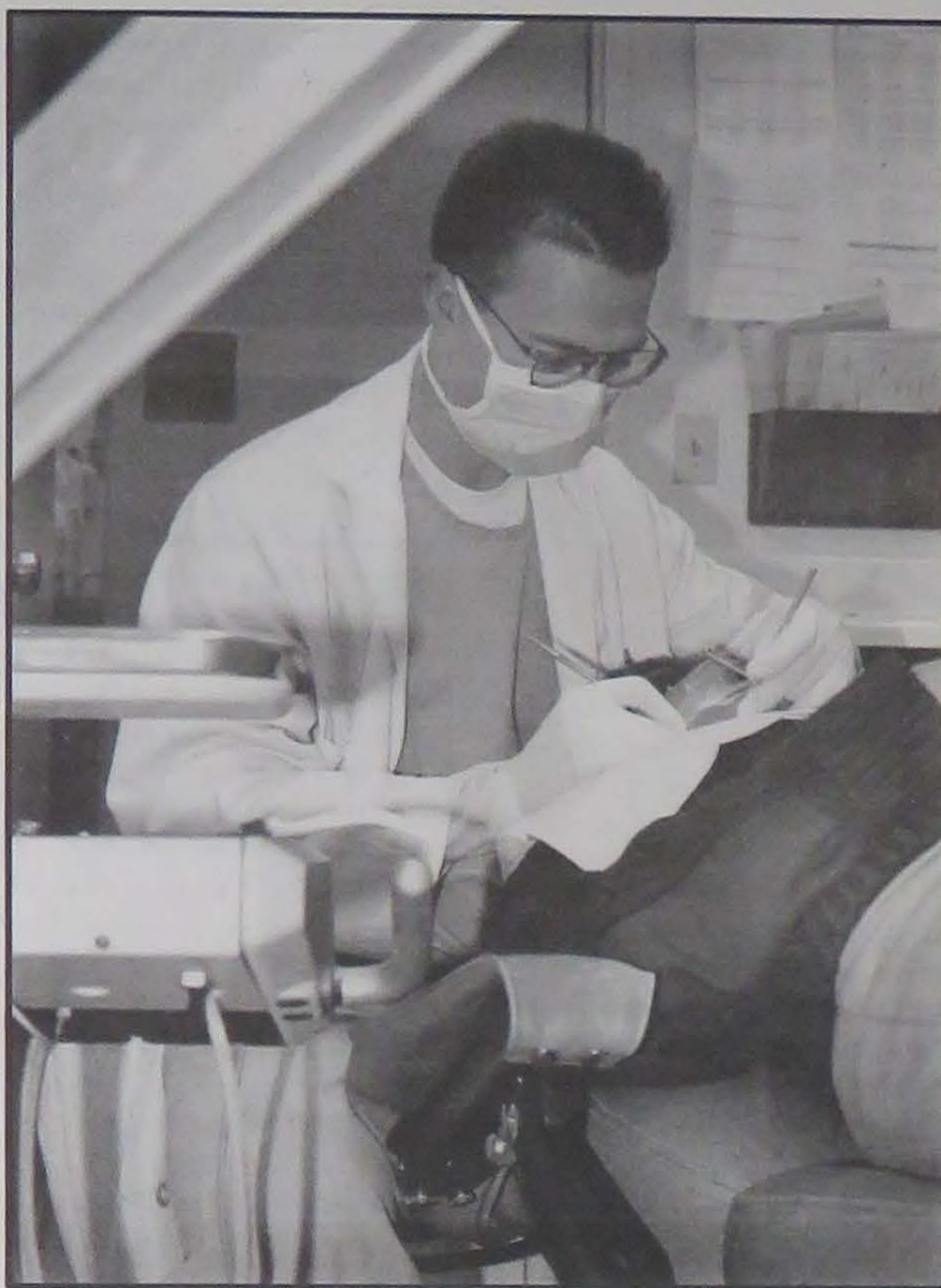
Wisdom teeth: *The hidden menace*

By LT John G. Pawlus, DC

You received a reminder that it's time to get your annual dental exam. This should be easy, nothing is bothering you and you've been flossing (yea right!). Then the dentist tells you about your impacted wisdom teeth and that he wants to surgically extract them. Why would you want these taken out if they're not hurting? The old adage "out of sight, out of mind" and "if it ain't broke, don't fix it" does not apply to wisdom teeth.

The reason the wisdom tooth, or the third molar, is oftentimes impacted relates to our evolutionary past. Anthropologists state that the constantly expanding brain results in the increase of the brain case at the expense of the jaws. The softer and more refined diet of modern man that requires less chewing enhances this trend. Eventually, all third molars will be lost to man. Unfortunately, you are not quite that far along in the evolutionary continuum, and yours are impacted. To understand why one should have their third molars extracted, one needs to examine the possible consequences of retaining them.

When a tooth is partially impacted, a condition that commonly occurs is called pericoronitis. This is an infection of the soft tissue surrounding the molar. It is a painful condition that manifests itself as a very mild infection or as a severe infection that requires



LT John G. Pawlus, DC, works on a patient. (Official U.S. Navy photo by JO2 Stephen Brown)

hospitalization. Those who have experienced this type of infection will continue to have episodes of pericoronitis until the offending molar is removed. This is one of the most frequent dental emergencies encountered by young adults.

Another problem created by an impacted third molar is that it compromises the health of the

neighboring teeth. The impacted molar may exert pressure on the roots of a healthy molar, causing the roots to resorb, thereby requiring extensive dental treatment. Some time a root canal is required to save that tooth.

Periodontal disease, or the loss of bony support of the tooth due to an infection in the gums,

is often accelerated by impacted molars. This could lead to the premature loss of the adjacent tooth.

Caries is still another way that an impacted molar can have a detrimental effect on the second molar. The bacteria which cause dental caries is allowed to come in contact with the backside of the tooth, a very difficult area to keep clean. This can result in the possible decay of not only the second molar, but the impacted molar as well.

Problems in the jaws themselves may result from the retention of an impacted third molar. This tooth occupies space that is usually filled with bone. This may weaken the bone, rendering the jaw more susceptible to fracture.

Retained third molars can also give rise to cysts and tumors in the jaw. Although rare, these cysts and tumors can cause severe destruction if left untreated.

The best time to remove a third molar is as soon as the tooth is determined to be permanently impacted and unable to successfully erupt. Removing these teeth becomes more difficult with advancing age. Young individuals tolerate the procedure better and with less complications.

In the military environment, active duty members must always be both physically and mentally ready to be called upon at a moment's notice. Determining a possible future dental problem and its prevention is the key. Third molars should not be left in place until problems arise. The time to act is now. **Just do it!**

Continued from page one

RADM Sanford speaks to his staff

residencies are making plans to transfer the residents into the local community in 1995 so that they do not have to leave the Bay Area when the command discontinues its GME program.

"So, until summer 1995, it's business as usual, folks," he remarked. "In fact, we'll remain fully staffed and we expect to continue operations to serve our beneficiary population as a community hospital until closure around September 1996."

Of course, he indicated further, "everything I say about this plan is subject to change, but all I can tell you is that, since it was put together by [Oak Knoll's former commander], RADM William Buckendorf, CDR Paul Garst and LCDR Gregory Gorsuch in June, it has withstood the test of time and continues to be valid."

This being the case, and proceeding full speed ahead with the plan, Sanford said the command is arranging a retreat in January to formulate a plan for the closure. He said that the group of senior military and civilian personnel will address all issues related to closure.

Most importantly, the commander added, "the group will consider what to do about the people" — civilians and military personnel — as well as the

hospital's relationship with health care contractors: What about the health services offered by the command? What should our downsizing schedule be? What about our beneficiaries? The list is endless.

"What we're asking the group to do is come up with a plan," he said, "parcel it out via a Total Quality Leadership approach, with either process action teams or quality management boards, to work out the details of "when we should start closing buildings, advise the Bureau of Personnel when we can start losing our military personnel and how we are going to meet the needs of our civilian employees and what services we can offer them."

"The clinics are all doing the same thing, and they're doing it in accord with the movement of the Line Navy," the admiral said. "Our schedule is based entirely on what we know about the Line community leaving the Bay Area—the air station in Alameda; the shipyard in Mare Island; Naval Base Treasure Island, etc."

Some of the other salient topics covered in the series of Admiral's Calls were:

* Health care reform: How it will impact the CHAMPUS- and MEDICARE-eligible ben-

eficiary populations and the plans being made to control costs in a managed care environment.

* The lead agency program initiated to coordinate care for DoD beneficiaries for local areas, with David Grant Medical Center at Travis Air Force Base in Fairfield being the lead agency for Northern California.

"I realize the concerns that exist," the admiral concluded, "but I want to stress, to emphasize and reemphasize that we need you, that we're still in business for another couple of years."

"My intention is to keep you informed and use the Admiral's Call format at least quarterly, as well as The Red Rover and other means of communication, but I want you to remember that this process is not moving on a daily basis and that when I know something new of importance you will know it."

To lend further credence to his "no need for hurry" message, RADM Sanford stated that no special compensation leaves are considered at the present time for civilians to attend job fairs or transition and separation workshops. "We won't be thinking about Reduction in Force activity until late 1995 or sometime in 1996," he clarified. "The special leave programs be-

ing implemented locally are for personnel at bases which have already begun the closing or moving process. Here, we'll deal with those issues as they come up and we'll keep you informed about developments as they occur."

To the military personnel, he had two more pieces of advice: First, early out requests will be considered very carefully because personnel will not be replaced. Secondly, extension requests are not only invited, they are encouraged and, barring special circumstances, they will be approved by the command.

(Editor's Note: After the admiral's address to the civilians, Dorothy Bowman, head of Human Resources Office, answered questions from the audience. The gist of her answers was: About separation incentives: We don't have the answer yet; on locality pay raises: No, pay rate will remain the same since Bay Area federal employees have been getting the 8 percent increase for the past three years. As for continuation of health care benefit: The same five-year prior to retirement eligibility rule applies, but HRO is trying to get the Office of Personnel Management to change the rule).

Command awards

Good Conduct award: (First)

HN Marcos P. Francisco III
HM3 Stacey A. Babcock
HM3 Garian J. Booth
HM3 Howard "H" Chamberlain III
HM3 Jarred R. Cowley
HM3 Tyrone C. Fitzgerald
HM3 Michael J. Gagliardo
HM3 Colleen A. McGlone
HM3 Larry D. McMinn
HM3 Jonathan C. McLain
HM3 Heath A. Owens
HM3 Randolph R. Sango Jr.
HM3 Terence C. Tuite
HM2 Paul P. Harmer
HM2 Thomas R. Roe
HM2 Manuel C. Sapanlay

Good Conduct award: (Second)

HM3 James D. Hawthorne
HM2 Edward D. Asselin III
STS2 Terence J. Leroy
MS1 Edgar S. Melchor

Good Conduct award: (Third)

YN2 Peter G. Campbell
MS2 Craig L. Gundry
HM1 Paul Walker
HMC Edgar Dela Pena Alayon

Good Conduct award: (Fourth)

OS2 Ralph M. Knapp

Good Conduct award: (Fifth)

HM1 Arnaldo T. Santos

Good Conduct award: (Sixth)

HMC M. Phillip H. Dozier

Sailor of the Month:

HM2 Lisa M. Chappell

Navy Achievement Medal:

HM3 Terry C. Tuite
DT2 Frederic C. Aquino
LT Robert H. Blotter
LT Maureen J. Zeller

Navy Achievement Medal: (Second)

ABFC Michael T. Osborne
LT Arnulfo A. Gemes

Navy Commendation Medal:

QMC Christopher P. Ellwood
LCDR William E. Lukasik
CDR Linda J. Fuller
CDR Todd R. Graef

Meritorious Service Medal: (Second)

CDR Frederick R. Voellm

Joint Service Commendation Medal:

HM3 Sheila A. Smith
HM2 Manual B. Baladad

The Red Rover

This newspaper is named in honor of the Navy's first commissioned hospital ship

Vol. 5 No. 15

Naval Medical Center, Oakland, California

December 17, 1993



NMCO's 1993 Christmas tree in the hospital lobby.

Happy Holidays



CAPT David Snyder (left), NMCO's executive officer, joins hospital staff members in singing a Christmas carol at the annual tree lighting ceremony in the hospital lobby on Dec. 10.

(Official U.S. Navy photos by JOSN Ed Bockstruck)

CO's holiday message

This unique season of the year, with its message of hope and light, has special significance for many of us. Mary Jane and I wish to extend our most sincere and best wishes to military personnel, many of whom are separated from loved ones; to civilians and to all family members who are a part of Naval Medical Center Oakland. May the Christmas spirit of goodwill and hope and the Hanukkah festival of lights and rededication be genuine expressions of faith.

The season is also a time of get-togethers and travel. We urge each of you to be moderate in partying and extra, extra careful in holiday traffic so that, as we approach the New Year and the promise of new opportunities, we will all be around to enjoy the possibilities for peace, health and prosperity.

Have a joyous holiday season and very happy New Year.

RADM Frederic Sanford

Command Education serves in many ways

Has anyone ever wondered what goes on in building 133 or who are the people who work there?

To get right to the heart of the matter that building, commonly known as the Education and Training Department, houses three divisions: Life Support, Clinical Programs and Administration. Their staff is headed by CAPT Janet

Continued on page...7

The Red Rover: Its spirit is 131 years old

By Andree Marechal-Workman

The battle of New Orleans was raging, canons were roaring, the crackling of exploding shells was deafening.

All at once the pandemonium broke off. Silence crept over the landscape and faint echoes of children chanting could be heard in the distance, "Red Rover, red rover...red rover...come over...verrr..." The battle was at an end, the Federalists had won, and

records, the Red Rover was the marvel of her time, a genuine floating palace for the wounded. "She is decided to be the most complete thing of the time that ever floated and is [in] every way a decided success," wrote CAPT Wise, assistant quartermaster of the Red Rover in 1862. "She has bathrooms, laundry, elevator for the sick from the lower to upper deck, amputating room, nine different waterclosets, gauze blinds to the windows to keep the cinders and smoke from annoying the sick, two separate

per in 1827, it draws upon seafaring folklore, and concerns a friendly buccaneer — someone Warren S. Walker calls "a hero villain...an American revolutionary born several decade too soon."

According to Walker, at the time "...American readers responded readily to tales of buccaneering, for the subject had become entwined with the history and legend of the new nation." How tempting it is, then, to see the builder of the Red Rover as a patriot, as Cooper's fervent admirer, who named his ship in homage to a contemporary hero.

After its capture from the Confederacy, Red Rover was transformed into a fully equipped medical facility and attached to the Navy with the Western Gunboat Flotilla in October 1862.

Commissioned on Dec. 26, 1862 it carried a crew of 12 officers, 35 enlisted and about 70 medical personnel. It is also distinguished as having had the first female nurses (and the first black nurses) serving aboard — Sister Angela and her nuns from the order of the Holy Cross.

Red Rover's civil war service history is one of steady diligence. She sailed up and down the Mississippi River while a staff of dedicated medical personnel cared for the casualties.

Navy Ships History records that, in 1863, Fleet Surgeon Ninian A. Pinkney made the Red Rover his headquarters. "...From her flowed the orders, correspondence, pleas and action of this remarkable man as he overcame the many difficulties and problems obstructing the

best care and interest of the Navy sick and wounded of the Mississippi Squadron," the History tells us.

Meanwhile, the gallant ship continued her mission of mercy. She reached Mount City, Ill., in December 1864 — her mooring site until her last day of service on Nov. 7, 1865.

Stripped of her guns and ironplate, Red Rover was sold at public auction in Mound City for \$4,500.

And so ends the saga of the Red Rover. But she is not forgotten. She lives on in the consciousness of the men and women of the U.S. Navy who know of its history. She may live on in American literature, in English children folklore and in the Red Rover tug-of-war chant.

But, most of all, she lives on in the pages of Naval Medical Center Oakland's newspaper, our own Red Rover.

(Editor's Note: Warren Walker's quote can be found in his introduction of James Fenimore Cooper, Red Rover, (Tales of the Sea), U. of Nebraska Press, 1963).



The Red Rover

southern ships were being seized.

When the Union Army captured the river steamer, Red Rover, from the Confederacy at New Orleans in April 1862, the U.S. Navy acquired more than its first hospital ship. It acquired the inspiration for the name of the command information newspaper of one of our nation's best military medical care facilities — Naval Medical Center Oakland, known locally as Oak Knoll Naval Hospital.

According to Navy historical

kitchens for the sick and well, a regular corps of nurses." And, unlike contemporary hospital ships, "she was armed with a 32-pound gun," according to Navy Ship History records.

Red Rover was built in Port Girardeau, Mo., in 1859. The origin of its name is unknown; however, a popular nautical tale about the American Revolutionary War entitled Red Rover provides an important source of speculation. Written by James Fenimore Co-

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OakKnollViewpoint

What is your New Year's resolution?

Joan Silva
Command
Education



First, commit to a routine schedule for health and exercise. I've been relaxed with both. Second, find more time to continue classes to secure my degree in Business Administration and pursue my hobbies.



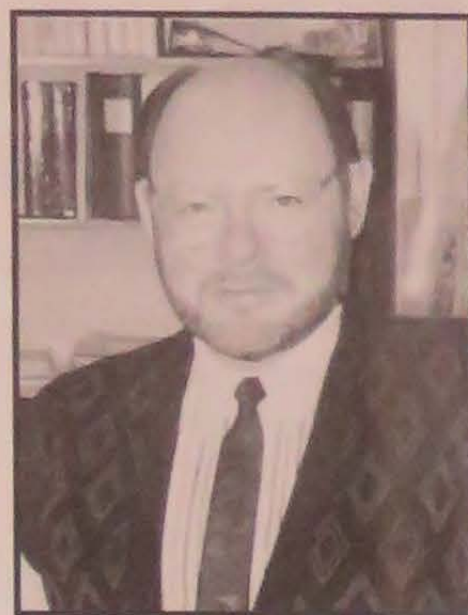
HM3 William Joe
Command Education

To successfully reach the end of my first enlistment or HM2, whichever comes first.

HMC Juanito Oliva
Command Education



To stay focused on my goals.



Ken Tipton
Medical Library

To slow down some, not to try and do so much, and reserve more time for myself.



HN Michael Quinn
Medical
Photography

Not to make anymore resolutions because I never keep them.

(Official U.S. Navy photos by AN Kevin Cameron)

JOB-TRAC open for employees

By Barbara Moore

The Public Works Center San Francisco Bay (PWCSFB) Human Resource Office opened its Job Transition Resources Assistance Center (JOB-TRAC) on Oct. 1. The Center was established to provide job transition assistance to HRO-serviced activities' personnel affected by downsizing. It is open to all federal employees and their spouses, to non-appropriated fund personnel and their spouses and to military personnel and their spouses.

While JOB-TRAC cannot guarantee job placement, it will provide employees with the necessary resources to enhance their job search skills or to explore other alternatives.

JOB-TRAC services include:

- * A resource section with

job listings (federal, state, local and private industry), pamphlets, brochures, self-help books, professional publications and newspapers.

While JOB-TRAC cannot guarantee job placement, it will provide employees with the necessary resources to enhance their job search skills or to explore other alternatives.

* Private career counseling by JOB-TRAC staff.

* Ten individual computer workstations to prepare Form SF-171, resumes and access to job search programs such as

Career Search, National Employment Service Corporation and Office of Personnel Management Touch Screen.

* Electronic bulletin boards with information on employment opportunities nationwide.

It is anticipated that additional job search services will be available in the future.

JOB-TRAC, which is located on the ground floor of building 794 at the Oakland Army Base (SB-794-1), is open 7 a.m. - 4:30 p.m., Monday through Friday. It can be reached by calling (510) 466-3910 or DSN 859-3010.

The Resource Section of JOB-TRAC is available on a walk-in basis; however job seekers must call ahead at the above number to schedule an appointment to use the computers.

In addition to the JOB-TRAC services, HRO's Per-

formance Management Division offers five training courses on workplace transition skills specifically designed to assist employees during the downsizing transition. Flyers on these courses will be distributed. Point of contact for more information on these courses is the Performance Management Division

at (510) 466-2742 or 7736.

No special compensation leaves are currently considered at Naval Medical Center Oakland. Therefore, at the present time, NMCO staff will have to visit the JOB-TRAC Center on their own time or while on annual leave.

(Moore is NMCO's HRO site manager)

CHAMPUS claim filing rules will change soon

AURORA, Colo. — There's an important change coming soon for anyone who files a Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) claim.

Beginning Jan. 1, 1994, all CHAMPUS claims must be filed with the appropriate CHAMPUS contractor no later than one year after the services are provided or, in the case of inpatient care, the claim must be filed within one year of the date the patient is discharged from the inpatient facility. Here are two examples:

* For professional or outpatient facility services, if the service was provided on Jan. 1, 1994, the claim must be postmarked no later than Jan. 1, 1995.

* For services received from inpatient facilities, if the date of the patient's discharge from the hospital is Jan. 1, 1994, the claim must be postmarked no later than Jan. 1, 1995.

The old rules still apply to services provided before the end of 1993. Claims for these services must be in the hands of the proper CHAMPUS contractor by Dec. 31 of the year after the year in which the services were provided. In other words, for treatment or services provided any time during 1993, you must get the claim to the

CHAMPUS contractor by the end of 1994, and the deadline for claims for 1992 services is the end of 1993.

According to a bulletin from the Bureau of Medicine and Surgery in Washington, D.C., until Feb. 1, 1994, when Aetna Life Insurance Company takes over the contract, beneficiaries who live in California or Hawaii should file their claims with Foundation Health Federal Services, P.O. Box 1810, Rancho Cordova, Calif. 95670 (Attention: Claims Department) or call 1-800-824-1896 for further information.

The bulletin also states that beneficiaries who live outside California, but who receive care in California (CHAMPVA beneficiaries) and participants of the home health care demonstration in California should file claims with Blue Cross/Blue Shield of South Carolina (BC/BSSC), P.O. Box 100502, Florence, S.C. 29501-0502 or call 1-800-334-0308 for further information.

Beneficiaries in Naval Medical Center Oakland's catchment area can address their questions to CHAMPUS health benefit advisors. They are Robert Valentine, Chesta Brantley and Patricia Williams. They can be reached, respectively, at (510) 633-5206; 633-5204 and 636-8292.

Red Rover

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You too can stop smoking

By JOSN Ed Bockstruck

For most people, it was easy to take that first "drag" of a cigarette. Now they are realizing that it was much easier than taking the last will be. Many smokers who have determined that now is the time to quit are finding that it is no easy task to throw the pack away, and then turn to help.

At Naval Medical Center Oakland, the help is provided through the Smoking Cessation classes led by Gladys Lowe.

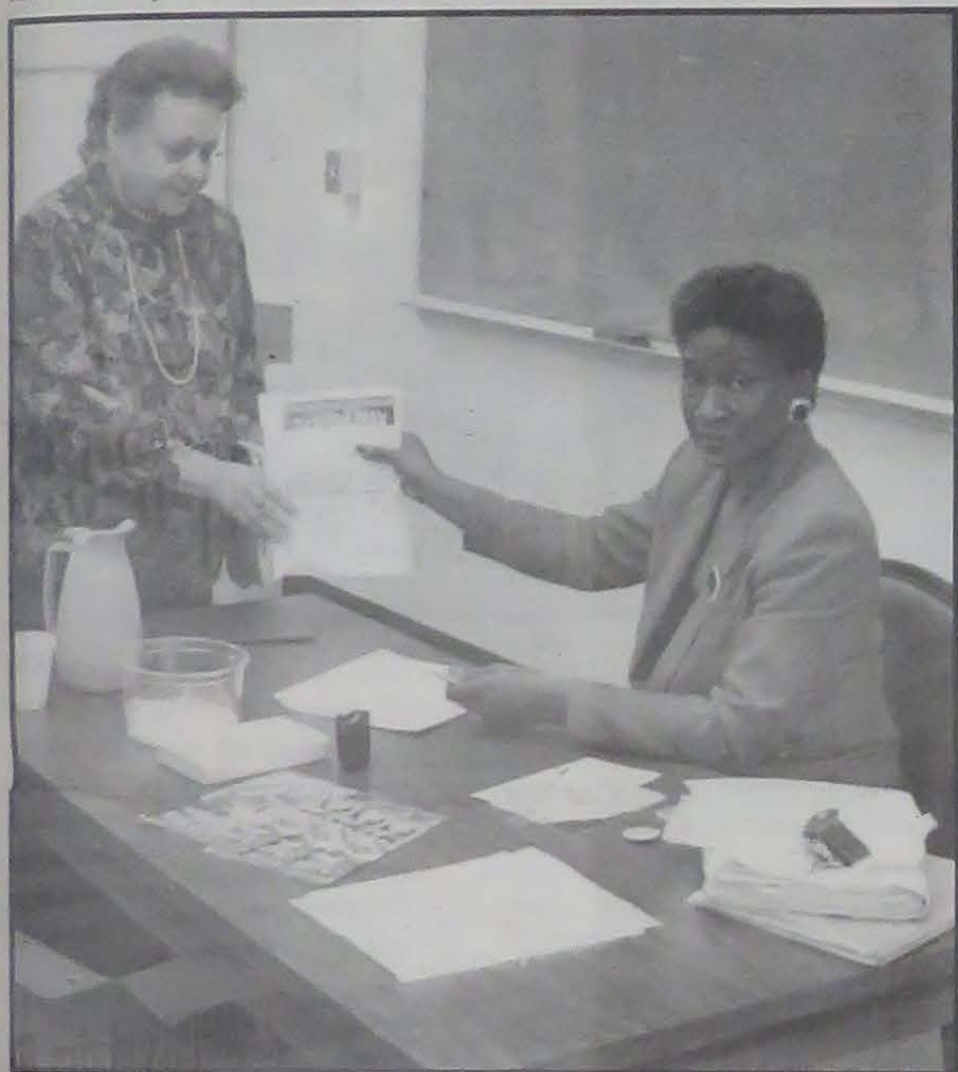
Lowe, who is the Smoking Cessation coordinator, joined the Consultative Services staff on Sept. 13, 1993, after working for 18 years in the Gynecology Clinic, and brief stays in Internal Medicine

ther methods worked, and this class has."

She has already had positive effects. She has been able to breathe freely for the first time in years. "I used to smoke two-plus packs of cigarettes a day and I would wake-up congested at night and in the morning," she said. Now I can get a whole night's sleep without worrying about waking up all the time. I can even smell things again that I couldn't before.

"Another positive factor is the amount of money I now save."

For Christina Miller, 23, the reason was different. "It was something I've always wanted to do, but never had the will-power," she said adding: "I lead a very stressful life." Personnel health problems, broken bones that wouldn't heal



As part of smoking cessation classes, Majorie Spiers (L) received a 'Smokeout' survival kit from LVN Gladys Lowe. (Official U.S. Navy photo by AN Kevin Cameron)

and the Endoscopy clinic. She holds a LVN license from the state of California.

The purpose behind the smoking cessation classes is to combine behavior modification with medical assistance to help a person quit or reduce the number of cigarettes they smoke. General support is provided with group therapy, one-on-one sessions and access to Lowe's telephone and pager numbers for immediate support when needed.

The classes are broken up into five group-sessions per month. After the classes are complete, there are a series of phone follow-ups at one, three and six months. Two hours of Lowe's time per week is set aside for walk-in support.

Lowe finds that people young and old come to the classes. Some of them have smoked most of their lives. The reasons for quitting are as varied as the people themselves.

For 62-year old Marjorie Spiers, who has smoked for 50 years, the reason was easy. "My husband and I wanted to be together as long as possible," said the Union City resident. "He quit smoking 20 years ago and has helped motivate me to quit."

Before signing up for the smoking cessation class, Spiers had tried quitting cold-turkey and using hypnosis, but she explained that nei-

ther methods worked, and this class has."

right and her mother's fight with smoking-induced lung cancer, were the final influences.

"I smoked almost three packs a day for 10 years and I want to reduce the health risks to my body. I know I need to quit now. I don't want to end up like my mother," she said. "I also wanted to give this program another try — the first time I didn't succeed."

"My husband, Michael, also smokes. He is currently on the carrier USS Abraham Lincoln (CVN-72) on a West-Pac cruise. When he returns, he will start to take these classes also. We both need to quit."

As part of the program, both Spiers and Miller are prescribed a nicotine patch. The patches provide a nicotine equivalency of eight to ten cigarettes per day, and a patch user must not smoke while on it because an overdose of nicotine could occur.

According to Lowe, the level of success for the class is around 70 percent. She said she finds that those people who attend the class on a voluntary basis are more likely to succeed than those who are attending on a physician's referral. "To be successful, a person must want to quit smoking, or seriously reduce their number of cigarettes per day," she said. You can't force a person to do something if they



Christina Miller, who is currently enrolled in NMC's smoking cessation classes, reads about the health hazards associated with smoking. (Official U.S. Navy photo by AN Kevin Cameron)

don't want to."

For Lowe, the class can be very rewarding. Even if it involves something as simple as helping a person cut down. "I'm very excited when people say that they

have cut down. That is commendable for a person who smoke two or more packs a day," she said.

If you want to stop smoking or reduce the number of cigarettes you smoke, the Smoking Cessation

classes start at the beginning of each month. For more information contact Lowe at (510) 633-4824. The classes are open to all military personnel, dependents, retirees and civilian employees.

The Great American Smokeout

By JOSN Ed Bockstruck

On Nov. 18, Naval Medical Center Oakland encouraged tobacco users to kick the habit for one day in celebration of the American Cancer Society's Great American Smokeout.

In an upbeat, good-natured effort, tobacco users were praised, reassured, bribed and given personnel attention to quit smoking for 24-hours. In return, those tobacco users put aside all tobacco products and assorted paraphernalia and fought the urge to have a cigarette.

The smokeout has been held each year on the third Thursday in November. The event started in 1971 when Arthur P. Mullaney coined the term, "Smokeout," and asked people in Randolph, Mass., to give up cigarettes for a day and donate the money to a high school scholarship. Later, Lynn R. Smith, editor of the Monticello Times in Minnesota, spearheaded the state's first "Don't Smoke Day." The event spread to California and was renamed "The Great American Smokeout."

In preparation for the smokeout, promotional posters were placed throughout the command. People were encouraged to adopt a smoker for the day: A co-worker, a friend or anyone else who needs help to make it through the day. Over 250 copies of the adoption paper were distributed throughout the command.

On the day of the smokeout, the lobby of the hospital was filled with banners, posters and balloons, while the melodies "Smoke Gets Into Your Eyes" and "Misty" filled the background. Smoking Cessation Coordinator Gladys Lowe manned a booth providing information on the program's classes, buttons, articles and booklets.

There was even a "gold" bucket on hand, for anyone so moved, to discard all of their smoking materials right there.

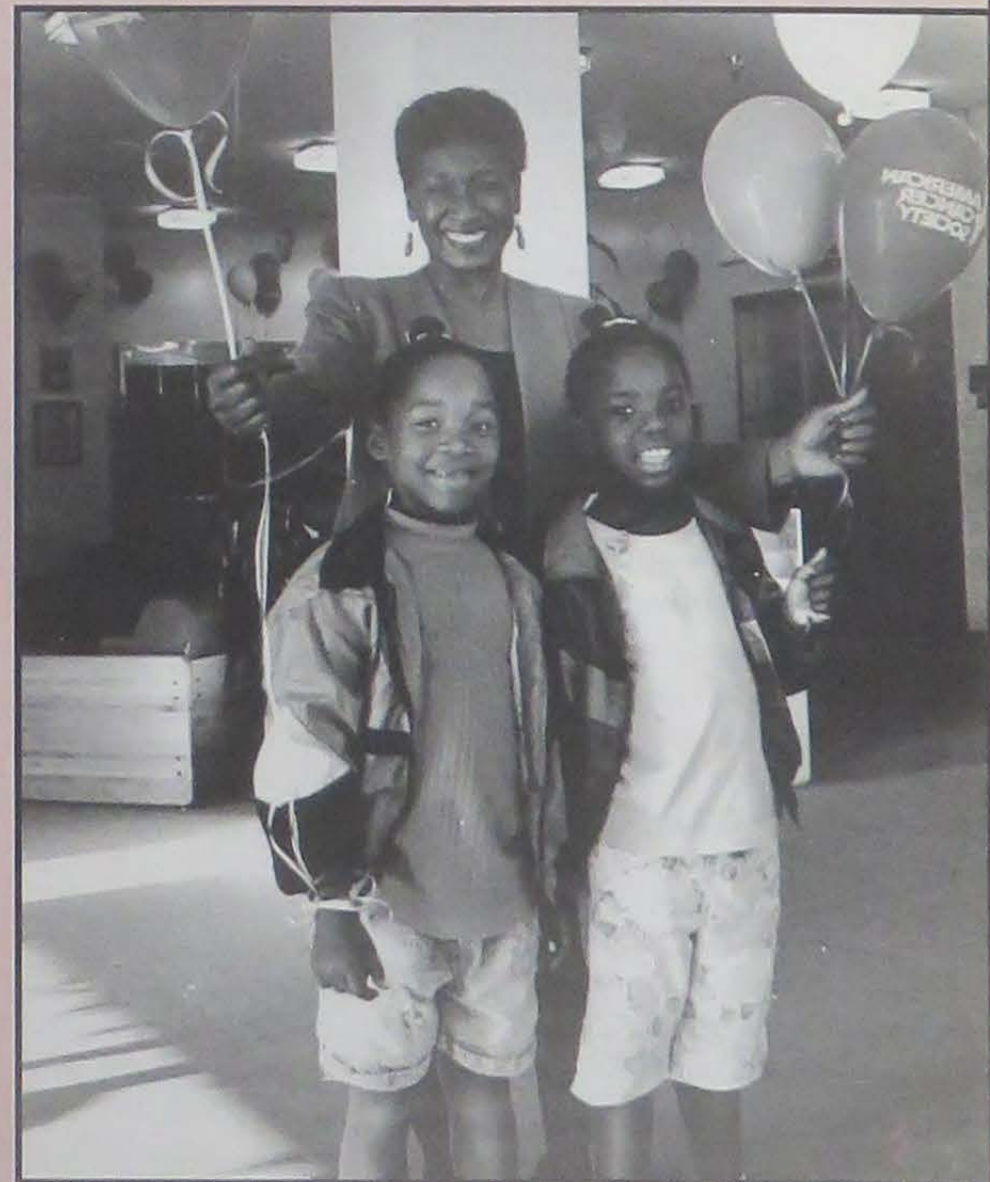
Lowe and six rotating staff members from the Wellness Department under HMC Fernando C. Pantig manned the booth for the event. "The Wellness Department was a great help. They gave time and many needed supplies that helped to make the event such a huge success," said Lowe.

"I was very excited and very nervous. CDR Cecelia M. Dawe-Gillis was an inspiration. She helped me get everything going in the right direction and made the event educational for me."

Although the Great American

Smokeout only happens once a year, anyone who wants to quit smoking and needs help may enroll in NMCO's smoking cessation classes. They begin the first Wednesday of each month, and each series consists of five meetings with a important follow-up meeting 48 hours after the quit date.

All military personnel, dependents, retirees and civilian employees are eligible for the program. Interested persons may contact Lowe at (510) 633-4824 or page her at (510) 729-3361 for additional information and schedules. Her office is located on 8 South, Room 808, in building 500.



Naval Medical Center Oakland's smoking cessation coordinator, LVN Gladys Lowe, was all smiles as Amanda (L) and Felicia (R) Ladson carried off balloons from the Great American Smokeout. (Official U.S. Navy photo by AN Kevin Cameron)

Vietnam Women's Memorial

They thought they'd been forgotten

By Andree Marechal-Workman

They thought they'd been forgotten, buried in a sea of bureaucratic red tape. But after 10 years of persistent efforts and the championship of fellow veterans in high places, the Vietnam Women's Memorial was unveiled on Nov. 11, 1993.

Thousands of military and civilian women who served during the Vietnam war converged on the capital to participate in patriotic parades and witness the overdue recognition of their heroic service a quarter of a century ago.

Many were retired Navy and Army nurses. Some came from the Bay Area, and some, like Navy Nurse Corps Captains (ret.) Joan (Pinky) Glass and Rosemary Murphy and LCDR Karen Born, were stationed right here at Naval Medical Center Oakland at one point in their careers. In fact, CAPT Glass retired in 1990 as the command's director of nursing services. She was not available for comments on the memorial dedication, but her remarks on a former visit to the "Vietnam Wall" published in Vietnam Women's Memorial Program say it all. Thinking back on her experiences aboard USNS Repose (AH-16) in 1968-69 and her emotional reaction to the memorial, she wrote, in part:

"...Here I was approaching, walking along the lane of names, so many, too many! Where were my tears?...As I left 'The Wall,' I passed



Colorful wreaths paying silent tribute to the women veterans of Vietnam speak eloquently of the love and respect accorded them at long last. (Official U.S. Navy photo by HM2 Robert D. Finnemore, NSHS Bethesda, Md.)

was 22 at the time, "a brand new nurse" who will never forget the casualties she helped to bring back to life physically and emotionally.

"We saved lives in so many ways," she recalled. "The most obvious was physical, of course.

her maimed and disfigured.

"I think this is what made the memorial dedication so special," she said, echoing sentiments expressed by her sister nurses and other women who served in the Pacific during the Vietnam crisis.

exclaimed, reiterating often expressed comments that the recognition was so well deserved, but long overdue.

Recognition is the key word here. The women were not thinking of medals when they volunteered their skills. They merely wanted to help save lives against tremendous odds that were specific to their gender and to their profession. They faced pain; they faced the horror of seeing young men die, of seeing their bodies mangled and

mutilated. And all that kept them going was the knowledge that they could, perhaps, make a difference.

As pointed out by Murphy, all this pain took its toll, and many of the women came home with their own psychological bruises, in dire need of healing.

The memorial, the public recognition did that. Knowing that people care about all they endured can, in turn, make the difference that will speed up the healing process.



Three of the models pose with the statue during a cross country trip heralding the memorial. (Photo, courtesy of Rosemary Murphy).

the locator desk. I had cared for so many memorable, nameless patients while assigned to the ICU, but one name had always stayed with me. He was a red-headed, freckled-faced young man, so young. He had sustained a very serious gunshot wound to his liver. I had often wondered what happened after he was medevaced. His name was not registered. He made it. We did make a difference."

Born, who was NMCO's 8th Floor nursing supervisor from August 1978 to February 1982, was a "lowly staff nurse aboard USNS Sanctuary (AH-17) anchored outside DaNang for all of 1970." She

But I think the effect of seeing a woman in a war-torn environment, ready to make you whole again, tipped the scale of survival for the casualties. I think we saved many emotional lives."

Murphy, who served at Oak Knoll in 1969-73 and again in 1980-83 wasn't actually in Vietnam. But she saw plenty of action in 1968-69 when she was a charge nurse in a surgical ward of Naval Hospital Guam, where wounded men were medevaced almost every day.

She often wonders what happened to all those young men "who went to war whole and with a lot to look forward in life" and came to

"The march [preceding the dedication ceremony] was especially emotional because many male veterans walked up to thank the nurses they remembered. One veteran had a picture of a nurse around his neck. He recognized her as she was marching, hugged her and told her she was responsible for his getting well."

Other veterans watched the festivities on television. One of these was another former Oak Knoll nurse, CAPT Nancy McDowell, NC, (Ret.), who was stationed at Naval Hospital Guam during the Vietnam conflict.

"It was a thrill to see," she

Facts about the memorial and its dedication

* The Vietnam Women's Memorial in Washington, D.C., honors the estimated 11,000 military and civilian women who served during the Vietnam era— Army and Navy nurses, American Red Cross and USO volunteers. The brain child of Diane Carlson Evans, RN (Army Nurse Corps 1966-72), it was dedicated on Veteran's Day, Nov. 11, 1993, as part of a three day celebration that included a march, the dedication and a candlelight ceremony.

* It weighs one ton, is six and three quarters feet high and nine feet long, and was created by sculptor, Glenna Goodacre. J. Carter Brown, chairman, The Commission of Fine Arts described the sculpture as "a metaphor for war as experienced by those whose heroic contributions have been so often ignored. This bronze brings to life the urgency and pathos of the field, as well as the searing introspection that continues long, long after."

* The statue depicts three women, one cradling a wounded male soldier in her lap, another

looking anxiously for what the artist said could be a medevac helicopter and a third is kneeling with downcast eyes in an expression of despair.

* The sculpture is located on the grounds of the Vietnam Veterans Memorial in Washington, D.C., 300 feet southeast of the statue of the three infantrymen and directly across from the Vietnam Memorial Wall.

* The field jacket of the late B. T. Collins, a former Northern California assemblyman and decorated Vietnam veteran, was worn by one of the models for the statue.

* The Memorial project cost \$4 million. An ongoing grass-roots effort is taking place to raise the remaining \$650,000 to complete the funding for the Memorial. For information about tax-deductible contribution, write the Vietnam Women Memorial Project, 2002 S St., NW, Suite 302, Washington, D.C., 20009.

(The above information was obtained from the dedication program book, "Celebration of Patriotism and Courage.")

Veterans helping veterans

Story and photos by JOSN Ed Bockstruck

There were tears and smiles when RADM Frederic Sanford, commander, Naval Medical Center Oakland, concluded a month-long campaign to bring cheers to hundreds of disadvantaged Bay Area disabled American veterans.

Disabled American Veterans (DAV) Chapter 7 officers, a number of DAV national service officers and representatives of all organizing participants were on hand in the ballroom of the Veterans Memorial Building, in Oakland, for the admiral's presentation of food donated by the NMCO staff and other participants.

In keeping with the U.S. Navy's "Sharing Thanksgiving 1993" program, NMCO's Chief Petty Officers and Fil-Am Associations, Pastoral Care and the Public Affairs Departments teamed up with Oak Knoll's Chapter of the American Red Cross, the Navy League, Lake Merritt Council and the California Veterans Advisory Group to organize the food drive.

"Some of us are fortunate to have come back from our war able to work; others are not," said Mark Chandler, director of DAV Chapter 7's Public Relations, adding: "I am especially pleased to have the opportunity to work with other military agencies who are banding together to make the disabled veterans' lives a little brighter."

According to Chandler, Oakland's DAV Chapter 7 was established in 1922. Beside op-

erating homeless shelters, DAV volunteer personnel provide counseling and facilitate disability claims filing process for injuries sustained while in the military. They also offer religious services and transportation to military clinics and hospitals in Northern California.

Speaking for the Navy, RADM Sanford said, "As a Vietnam veteran, I am delighted to share Thanksgiving with those whom I am proud to call shipmates. They served their country with valor and deserve the best that we can give them."

The ceremony brought out the emotions of the veterans who received the food and those who helped provide it.

Disabled WWII veteran and DAV Chapter 7 adjutant, Sam Sites, was moved to tears at the presentation ceremony. "It is the highest payment that we, officers of the DAV, receive when we can help out a fellow veteran in any way," he said, explaining it is like the feeling of satisfaction you get from a completed job.

The donations were received in various ways. The staff of NMCO filled boxes with canned goods which, combined with Navy League and Red Cross food contributions, totaled about 350 pounds. Oak Knoll's Pastoral Care Department gave \$300; Oak Knoll's Fil-Am Association over 200 lumpias and the California Veterans Advocacy Group \$250.

According to Chandler, the food and money was used to make up 158 bags of food, each including a turkey or a ham.



NMCO's commander, RADM Frederic Sanford (far right) joins the organizers of the food drive for a group photograph. They are, from left: PNCS Rodolfo Alvarez (SFMC and Chief Petty Officers Association), Chaplain J. Lynne Kennedy (Pastoral Care), HM1 Virgilio Ronquillo (Radiology and Fil-Am Association), Andree Marechal-Workman (Public Affairs), Lilly Thompson (American Red Cross). In foreground are two representatives of Navy League, Lake Merritt Council: Helen Cupper and its president, Thalice Hatton. (Official U.S. Navy photo)

To the recipients of the food, the drive was "a God send," said Greg Mikkelsen, a disabled Vietnam Army veteran living in Hayward, whose family was one of many to receive a Thanksgiving dinner compliments of the food drive. "I really appreciate the center and all of its affiliated programs. They have helped me out, especially now."

"We appreciate what Oak Knoll has done for us, especially this time of year," said Michael Hunziker another recipient of the donated food.

Among those who helped with the food distribution was the Womens Auxiliary, DAV Chapter 7, under its commander, Irene Moore. They used the monetary contributions to purchase whatever was needed to make a complete bag for 158 families throughout the Bay Area who, because of it, had a Happy Thanksgiving, too.

"The food was a symbol of Oak Knoll staff's caring for their fellow veterans," said Chandler. "It humanized the socio-economic plight of the veteran community by making them realize that someone does indeed care."

Drug and Alcohol Program Advisory (DAPA) News

Beer, wine or liquor: It's all the same

People persist in thinking there is less risk in drinking beer or wine than in drinking liquor. They may have heard that the percentage of alcohol is lower in beer (around 5 percent) and wine (around 12 percent) than in liquor (usually 40-50 percent). But they may not know that beer, wine and liquor are usually served in different sizes (12 ounces of beer and five ounces of wine equal one-and-a-half ounces (one shot) of 80 proof liquor). The alcohol is just mixed with more liquid in beer and wine.

The actual alcohol content is the same, and will give the same effect if a person drinks a standard size serving of any type. It is also

hard to calculate how much alcohol is in a "standard" mixed drink. If the bartender mixes by hand, the alcohol content may be twice (or more) what is expected. For instance, a "standard" mixed drink should contain only one-and-a-half ounces of liquor, but if it's hand mixed and not measured, there may be as much as three or four ounces of alcohol in each drink.

It's not unusual for people who only have one or two mixed drinks to have enough alcohol in their system to get DUI's or be considered unfit for duty.

Alcohol and women

It has been a long-standing myth that the reason women could not "hold their liquor" was because they were smaller than men or that

their body composition caused more rapid alcohol absorption than men.

The truth is that researchers have found that women have far smaller quantities of the protective enzyme, alcohol dehydrogenase, which breaks down alcohol in the stomach, than men do. This enzyme is crucial in controlling intoxication. Having less of this enzyme results in women absorbing about 30 percent more alcohol directly into their bloodstreams than men do.

Taking into account the weight difference between the average man and woman, two ounces of liquor has about the same effect on a woman as four ounces would on a man.

The research has also shown

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Disabled American Veterans, Chapter 7, commander Frank Mikulewicz (left), a disabled Army veteran who served in Vietnam, displays a bag of donated food and a turkey from the DAV food drive. Nicholas W. Overocker, Jr., a disabled Vietnam Marine veteran, stands behind Mikulewicz. Overocker is also a Vietnam veteran. (Official U.S. Navy photo)

Chaplains Corner

'Tis the season to be jolly...

By LT J. Lynne Kennedy, CHC, USNR

"'Tis the season to be jolly..." or so the song says. Just what is the "season" about? It is interpreted in various ways, yet with many similarities. For Christians we celebrate the birth of Jesus Christ, the Son of God. For Jews, there is the celebration of Hanukkah—the triumphant spirit of those who held out against tyranny and won. For the Buddhist, it is a time to commemorate perfection in wisdom and compassion. For still others, it is a time of feasting, celebration and reunions with families. Whatever your tradition, it is a season that reminds us to think of others before ourselves. It is a season that encourages us to be considerate, joyful and generous in spirit even if we cannot afford to be generous in our purse.

As the smell of family delicacies waft through the house, it is a good time to recollect the special events of the past and to dream new dreams of hope for the future. As we move towards the New Year,



and resolutions-to-do-better dominate our thoughts, this season is fitting preparation for a new year.

To prepare for my new year, I must examine myself against the beliefs I hold most dear. Through Advent and Christmas, I celebrate the birth of Jesus, the One who shows me how to live in the balance of freedom and responsibility. He teaches me to love as I ought, to be thoughtful of others without becoming a doormat, to risk caring about someone else who may not care about me in return, to

pray for those who intentionally or unintentionally hurt and undermine me, to agree to work together until reconciliation is accomplished, to be strong and yet remain gentle, to make the choice to do what is right, even when it is not personally enjoyable.

My faith in Jesus is the beginning of who I am and what sets me free to be me. He makes a difference in my journey. He sets the standard. My job is to try harder. He provides my point of reference from which all other things are measured. He supplies my point of continual hope in the midst of pain, set backs and obstacles. He is the stabilizing rudder and powerful engine which guides me through rough seas bringing the thrill of accomplishment and satisfaction for a job well done. He is the steady hand which keeps me balanced when I feel dizzy and overwhelmed. He is the source which makes things work together for the good of all concerned.

'Tis the season to be jolly. But is your life filled with happiness? 'Tis the season for goodness and

peace. But is your world filled with goodness and peace? If not, ask why? Let me challenge you to examine your focus. Are you focussed on being the kind of person that makes the season good or are you waiting for it to be handed to you like the mashed potatoes and gravy at dinner time? Make a difference. Seek to focus on the universal truths we hold to be self evident. As we look for the season to be good I submit that happiness

is not the end result—the goal of the season. Happiness is a by-product of making right choices and doing right things.

Make this season good for yourself. Reflect on your goals, motives and determine what things you can do to make a difference. Then fill in the blank with your own words: 'Tis the season to be good. And then, do it. My best wishes to you all for a wonderful season and a happy new year!

Holiday chapel events

Dec. 24, Christmas Eve

11 a.m. and 7:30 p.m. - Candlelight service (Protestant)
4 p.m. - Christmas vigil (Catholic)

Dec. 25, Christmas Day

7:30 a.m. and noon - Holy Day Catholic mass

Jan. 1, New Year's Day

8:30 a.m. and noon - Mary, Mother of God, Holy Day Catholic mass

Regularly scheduled chapel activities

Daily mass at noon

Protestant communion - Fridays at 11 a.m.

All services are held in the Chapel of Hope on the 3rd floor of the hospital unless otherwise noted.

In recognition of OR Nurse Corps week

Oak Knoll OR nurses in the spotlight

LT Pamela Trahan, USN, NC

Workcenter: Main Operating Room

Date joined the Navy: August, 1978

Why did you join the Navy?: First by faith. I come from a family of Army Infantrymen. Medics are highly regarded in our home. Since I didn't want extensive field service, I became a hospital corpsman.

Job description: Surgical Nurse; perform and assist in various types of surgical procedures. Monitor patients undergoing local anesthesia.

The most challenging part of my job is: Coordinating. In a teaching command, the surgical technologists and students have various talents and degrees of competence. As more endoscopic procedures are done there are a number of technical problems that may occur.

The most challenging transition to officer was: Subordinate development. Understanding how to motivate the technicians to take advantage of military schools and opportunities.

The reason I wanted to become an officer is: Throughout my enlisted career, I have worked with some of the finest Nurse Corps officers who provided me with positive role models who had excellent qualities and who loved the Navy.

Hobbies: Since I have the fortune of being stationed near my family, I spend my free time with my nieces and nephews.

Likes: Going places with my young relatives, amusement parks, movies and sporting events.

Dislikes: All of the "isms"—ageism, classism, sexism, racism.

Role model or hero: Historically I admire Ida B. Wells and Mary McLeod Bethune. Professionally I respect CAPT Anita Day, NC, USN, the first black Nurse Corps officer I met and CAPT Rosanne Sobkow, USN (Ret.) who was the OR associate director for two major teaching commands.

If I could do it all over again, I'd: Take a more direct route to obtaining my degree.

I wish I could stop: Worrying over the things that I have no control over or cannot change.

I respect myself for: Being the first in my family to complete a college degree. First Naval Medical Center Oakland candidate to enter the Medical Enlisted Commissioning Program and complete the process at NMC Oakland.

My immediate goal is: Prepare emotionally and logistically for my upcoming transfer to Naval Hospital Corpus Christi.

My future goal is: Retire from the Navy and obtain civilian accreditation and credentials to work in a variety of OR settings.

WO1 James Paul Mathes, USNR

Workcenter: Main Operating Room

Date joined the Navy: Aug. 17, 1981

Why did you join the Navy?: Adventure, to see more of the world and learn.

Job description: Staff Nurse

The most challenging part of my job is: OR nursing is highly technical and exciting. I enjoy going to work everyday because it brings something new, challenging and fascinating.

The most challenging transition to officer was: I really didn't find the transition difficult. It just seemed like the logical next step after making HMC.

The reason I wanted to become an officer is: Upward mobility. I always want to do better for myself, my family and the Navy. An increase in pay helped our standard of living as well.

Hobbies: Driving my motor home to a quiet, beautiful park and then camping there with my wife and children.

Likes: I like increasing my work knowledge and being kind to others.

Dislikes: People who intentionally hurt others by their words or by their deeds.

Role model or hero: The fictional character, Hafid, in "The Greatest Salesman in the World" by OG Mandino.

If I could do it all over again, I'd: Get my education much earlier.

I wish I could stop: Moving around so much. I'm ready to put down my roots and let my children grow up in a community with their friends.

I respect myself for: Having the tenacity to get my bachelor's degree in Business Administration and then my registered nursing degree all while on active duty.

My immediate goal is to: Finish my bachelor's degree in nursing and be commissioned to ensign.

My future goal is to: Retire from the Navy, get my children through college and then ride off into the sunset with my wife in our motor home.

Additional comments: Naval Medical Center Oakland has been a great command for me. I especially enjoy the staff in the OR. Upper management there are some of the most people-oriented I have had the pleasure of working with. All this and they pay me too. OR is the best kept secret in the Navy.

LTJG Pamela Creighton

Workcenter: Main Operating Room

Date joined the Navy: Jan. 4, 1983

Why did you join the Navy?: I wanted to join the Navy since the 10th grade. I am always looking for adventure and seeing new places. I decided to complete a bachelor's degree in Sports Medicine prior to enlisting.

Job description: Direct and provide patient care for patients in the Operating Suite.

The most challenging part of my job is: Balancing the responsibilities of being a nurse and a military officer, because both roles are full time jobs.

The most challenging transition to officer was: Developing greater leadership and managerial skill after being a "worker bee" for so long.

The reason I wanted to become an officer is: I realized I could have a greater involvement in patient care as a Navy nurse.

Hobbies: Running and swimming; and the occasional marathon.

Likes: Positive people.

Dislikes: Constant complaining and whining; of course everyone needs to grumble sometimes!

Role model or hero: My husband, Ed. He is an excellent role model as a person who develops and grows mentally, physically and spiritually.

If I could do it all over again: I wouldn't have been as hesitant academically. I'm pretty comfortable with the fact that I'm where I am for a reason and how I got here had a purpose and reason.

I wish I could stop: Crime and violence.

I respect myself for: Trying.

My immediate goal is to: Become a naval nurse anesthetist

My future goal is to: Retire from the Navy and pursue outside interests, such as church work and hobbies.

Nutrition News

Why do athletes need more vitamins and minerals?

By ENS Deborah Cole, RD

Many studies have shown that vigorous exercise increases the production of free radicals which may contribute to muscle soreness and inflammation after a workout. Free radicals are natural by-products of the processing of oxygen which goes up dramatically during vigorous exercise.

Because antioxidants limit the damage caused by free radicals, some experts

recommend taking larger doses of supplements of vitamin C and beta carotene. However, according to a study by Professor Lester Parker of the University of California Berkeley, published in that university's May 1993 Wellness Letter, there is no evidence that such supplements enhance athletic performance, and it may be premature to do so. But it certainly can't hurt to eat lots of fruits and vegetables rich in these nutrients.

The Wellness Letter cites 22 minerals whose consumption is

essential for athletes, but five of those are also important for physically active people. They are:

*Iron is vital for oxygen transport. Dieters, menstruating women and strict vegetarians are at greatest risk for iron deficit. If physically active, the need for iron consumption is important; however, don't take iron pills without consulting your doctor.

*Chromium is necessary for the metabolism of carbohydrate and fat, as well as for regulation of blood sugar. Good sources

include prunes, whole wheat, peanuts, apples, mushrooms and oysters.

*Zinc is important for energy metabolism. Physical activity leads to increased loss of zinc in sweat and urine. Be sure you get adequate food sources such as meat, eggs, seafood and whole wheat products.

*Calcium is essential for strong bones and is especially important for women who are at risk for osteoporosis later in life. Good sources include dairy products and dark green leafy

vegetables.

*Magnesium is crucial for muscle contractions. Though some athletes may become deficient in this mineral, a recent study found that supplements had no effect on muscle activity or athletic performance. Good natural sources include almonds, banana, milk, wheat cereal and pork and beans.

The overall recommendation is to eat a balanced diet rich in fruit, vegetables, grains, lean meat, fish and low-fat dairy products.

Continued from page one

Command Education serves in many ways

Amett, NC, USN.

The first of a series on the department, this article will introduce you to the staff of Life Support and Clinical Programs.

According to its division officer, LCDR Rosalind Sloan, Life Support Division is responsible for coordinating all of the life support courses: Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Life Support (PALS), Emergency Medical Technician (EMT), Neonatal Resuscitation Program (NRP) and Emergency Vehicle Operator Course (EVOC). Clinical Programs runs Nursing Indoctrination and the Suture classes.

Sloan arrived in June, having just graduated with a Master's Degree in Educational Administration. She is available to all staff as a general consultant for any educational matters, to take suggestions to improve services and help solve problems. Anyone who needs her assistance can call her at (510) 636-4863.

HM2 Tim Pennington, who has been the program manager for EMT for the last four years, will retire in December, and HM1 Joe Alto will replace him. They can be reached

at (510) 633-4582 and 5258, respectively.

The program manager for BLS, PALS and NRP is HM3 Trish Kratzer. She also reported in June from the USS Flint (AE-32), where she was responsible for all of the BLS training. Her phone number is 633-4551.

HN Mark Mead is the current program manager for ACLS, but HM3 Jeff Delude, who just transferred from Lemoore, will take over soon. The phone number for ACLS is 633-5263.

In order to be more responsive to the needs of the command the BLS classes are now offered on the second and fourth Wednesdays of the month from 8 a.m. to 12 noon. An eight-hour basic BLS course for people who have never been trained is offered once a quarter on March 16, May 18 and Sept. 21, 1994. All courses are open to command personnel, military and civilian. Arrangements can be made with individual departments to have recertification classes in their department for those who cannot get to building 133 on Wednesdays.

Six ACLS courses will be offered in fiscal year 94. A course for corpsmen only will be given Apr.



Life Support and Clinical Programs staff stand in front of Command Education. They are from left to right: (Back) HM3 Mark Cotter, HM1 Joe Alto and HM2 Tim Pennington. (Front) HM3 Trish Kratzer, HM3 Jeff Delude, LCDR Rosalind Sloan and HM3 Vincent Abella. (Official U.S. Navy photo by JOSN Ed Bockstruck)

6-8, 1994 because the corpsmen are the first ones to be bumped out of the regular courses, and very few receive the training. This will be repeated as the need arises.

A complete listing of classes is available in the course listing book-

let that was distributed in October, or may be obtained by calling Mrs. Joan Silva at 633-5257.

Clinical Programs is currently being managed by EM2 Joe Savoie, who is with us on limited duty orders. HM3 Vincent Abella,

who has been working in the Administrative Division, is currently training to take over as program manager.

Feel free to contact Sloan or the appropriate program managers if they may be of service to you.

TROA expands and incorporates educational assistance program

ALEXANDRIA, Va.—Beginning with the 1993-94 school years 800 students, 100 more than in previous years, received \$2,000 interest-free loans from The Retired Officers Association (TROA) Educational Assistance Program. These loans, totaling \$1.6 million this school year, are awarded annually for up to five years of undergraduate study to unmarried students, under the age of 24, who are dependent children of active, reserve and retired service personnel and their surviving spouses.

Since students can obtain up to \$10,000 of interest-free support for five years of undergraduate study, and loan repayment is after graduation, the competition for these loans is very keen. For the 1993-94 school year, some 2,000 students competed for 287 openings. The students were selected on their scholastic ability, participation in extracurricular and community activities, as well as financial

need. From the 800 students receiving loans, 150 received special \$500 grants in addition to the loans. All those who were awarded loans were automatically considered for the grants.

The TROA Educational Assistance Program, established in 1948 for the sons and daughters of retired officers and their widows, has expanded to include the children of active-duty, reserve, National Guard and retired officers, warrant officers and enlisted members of the Army, Navy, Air Force, Marine Corps, Coast Guard, U.S. Public Health Service and National Oceanic and Atmospheric Administration. Since this program was initiated, some 4,000 students have received interest-free loans, totaling more than \$12.5 million.

TROA's Scholarship Fund is now a separate, non-profit corporation in the Commonwealth of Virginia. As such, the Scholarship Fund is a private foundation, and

contributions to the fund are tax-deductible under the provisions of Section 170(c) of the Internal Revenue Code. Bequests, legacies, devises, transfers and gifts are deductible for federal estate tax and gift tax purposes.

Navy offers full-time education with pay

WASHINGTON (NNS)—Pursuing higher education is a goal shared by many sailors, but sometimes it seems unattainable with deployments, shift work and other duty-related obstacles. For those who find it difficult to attend classes, the enlisted education advancement program (EEAP) may be the answer.

"EEAP allows selected sailors to earn an associate or baccalaureate degree full time, and still compete for advancement," said LT Karl Terrell, the voluntary education program officer at the Bureau of Naval Personnel. "There will be 250 people selected for the program this year."

Those who are selected are

TROA educational assistance applications for the 1994-95 school year have been available since Nov. 1, 1993. Applications should be requested by February 15, 1994, and the completed application

must be postmarked on or before March 1, 1994. For applications and more information, write to TROA Educational Assistance Program administrator (09D), 201 N. Washington St., Alexandria, Va. 22314-2539.

detailed into the EEAP administrative command nearest to their present duty station in "duty-under-instruction" status and attend college full-time for two years.

EEAP is not a scholarship. Selectees receive full pay and allowances, but must pay for tuition fees and books. Montgomery GI Bill (MGIB) and Veterans Education Assistance Program (VEAP) benefits may be used to defray these expenses. Selectees are not eligible for other tuition assistance since they are in a duty-under-instruction status.

To be eligible for the 1994 EEAP program, sailors must be on active duty (USN/USNR/

TAR); E-4 or above; have between four to 14 years of active-duty service as of Sept. 1, 1994; be a high school graduate or possess a General Education Development (GED) certificate; meet physical requirements and meet specific rotation date requirements.

The EEAP application deadline is March 1, 1994, but personnel are encouraged to apply early. Command career counselors or education service officers can provide details. Specific information is contained in OPNAV instruction 1560.8A. Questions may be directed to LT Karl Terrell, PERS-602B at (DSN) 223-1738 or (703) 693-1738.

(Story by Denise Vigneault, BUPERS Public Affairs)

Dec. now National Drunk Driving Prevention Month

By Evelyn D. Harris

Every year, traffic accidents kill more Americans between the ages of 6 and 33 than any other cause — and almost half these deaths involve alcohol.

To highlight the problem, DoD and national safety officials designated December as National Drunk and Drugged Driving Prevention Month. The theme for the month is "Let's take a Stand: Friends Don't Let Friends Drive Drunk."

The percentage of DoD motor vehicle fatalities involving alcohol continues to decline slowly, said John Lemke, DoD assistant director for occupational safety and health policy.

During the first three quarters of 1993, traffic fatalities took the lives of 316 military members. Of these, 65, or 19.2 percent, stemmed from alcohol-related accidents, said Lemke. For the first three quarters of 1992, alcohol was a factor in 55,

or 19.6 percent, of the 280 military highway deaths.

Lemke said the continued decline is due to DoD prevention efforts as well as a change in society's attitude toward impaired driving. DoD will continue to emphasize the designated driver program.

"It's a good idea for friends to buy the designated driver's soft drinks and food," he said. "Also, some clubs on base and restaurants outside offer discounted sodas for the designated driver." In addition, many installations sponsor programs for people needing rides.

Army Maj. Joel Oswalt, provost marshal at Fort Belvoir, Va., said he'll place the remains of a car demolished in an alcohol-related accident in a strategic place on post.

"This mainly to get the attention of teenagers, who can benefit from the shock value," he said. We'll also have electronic signboards reinforcing the messages put out by local police

and national safety organizations. They'll remind people to wear seatbelts, use a designated driver and not let friends drive drunk."

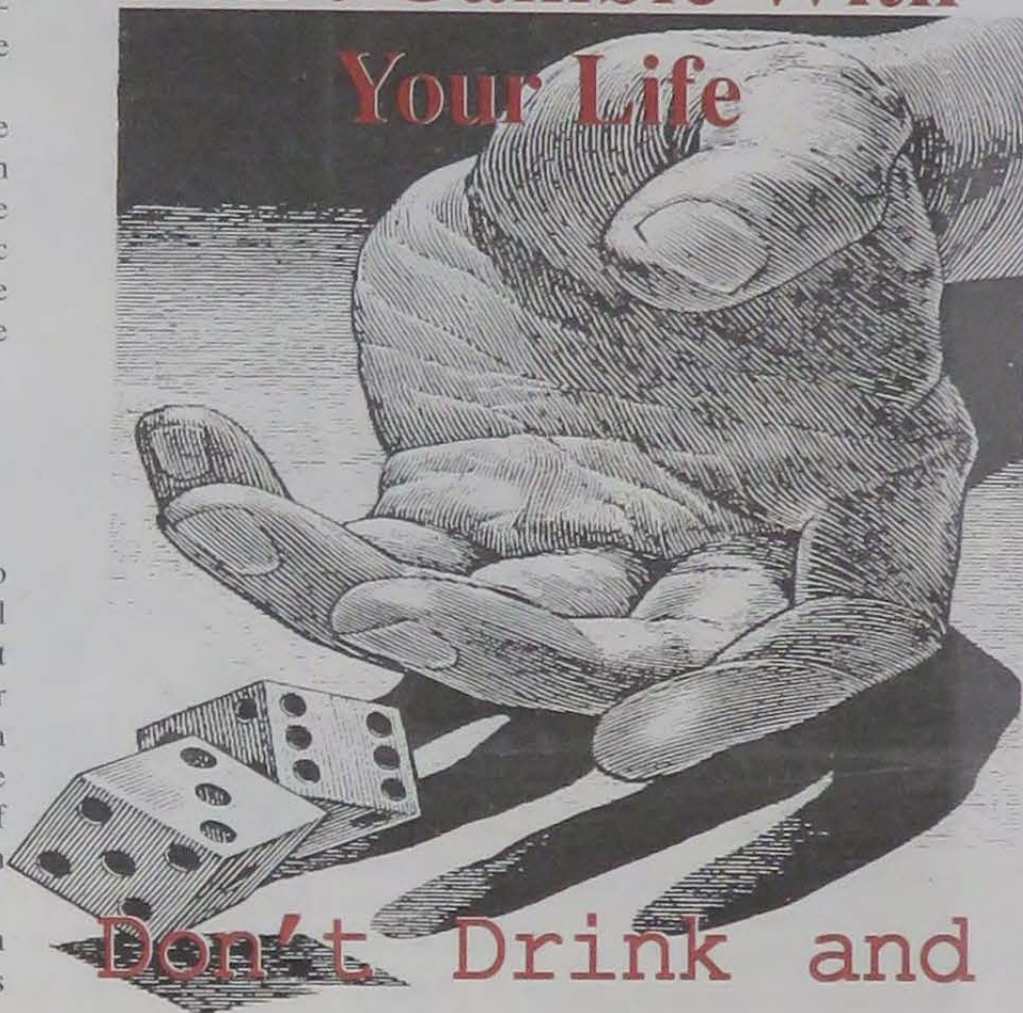
Oswalt said fighting drunk drivers is a three-pronged effort involving education, prevention and enforcement. "I prefer the first two, because enforcement is unpleasant for everyone, but we will step up enforcement during the holiday season," he said. We'll have checkpoints, and I can guarantee that people who drink and drive on our post will get caught and will be punished.

"I urge everyone not to take that first drink if they are going to

year, or about 45 percent of the nation's 39,235 traffic fatalities, according to Tarry Hess, a National Highway Traffic Safety Administration spokesperson. As bad as these figures appear, they are an improvement from 1972, when 54,589 died on U.S. highways, half in alcohol-related crashes.

The proportion of teenage drivers involved in fatal crashes while intoxicated has dropped significantly, from 31 percent in 1982 to 17.1 percent in 1992. Still, said Hess, 2,452 youths aged 15 to 22 died in alcohol-related crashes last year, about eight every day.

Don't Gamble With Your Life



Don't Drink and Drive

drive," added Oswalt. "You may think you can drive well after one or two drinks, but your judgement is impaired. It's not pleasant for me, for the doctors who try to put someone together after they've been in an accident or for the family to deal with the loss or injury of a loved one."

Nationally, drivers and pedestrians impaired by alcohol accounted for 17,700 deaths last

"That is a lot of parents who will never see their children again," she said. She said surveys show fewer eighth graders today believe underage drinking is bad than a similar survey in 1989. "This means that without prevention efforts, we may see more teenage fatalities in the near future."

The safety administration is urging states to adopt a "zero-tolerance" policy for youthful

Command awards

Joint Meritorious Commendation Medal

HM2 Manuel Baladad
HM3 Sheila Smith

Navy Commendation Medal

LCDR William Lukasik

Navy Achievement Medal

LT. Robert Blotter
HM2 A. Kappos
SK2 Orpiada

Good Conduct Medal

HM2 Robert Donley
SK3 Anthony Howard

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DAPA news

that alcoholic men have about half as much alcohol dehydrogenase as non-alcoholic men, and alcoholic women have almost no enzyme activity at all. The result of having little enzyme activity to protect the stomach wall is that alcohol may injure the stomach wall (where the enzyme is produced) causing total cessation of enzyme production. Alcoholic women appear to lose all gastric protection from alcohol; it has been said that for them it is the same as shooting alcohol directly into their veins.

The bottom line is: Alcohol has the capacity to cause more problems, more quickly, in women, than in men. (Adams Resource Guide, Pers-6341, 1993)

Alcohol and Marijuana

Because marijuana inhibits nausea, people who have used the drug will usually drink more heavily than usual without getting sick. This can lead to reckless behavior, drunk driving and, possibly, death from alcohol overdose. Additionally,

while it takes approximately one to two hours for each ounce of alcohol to metabolize out of your system, it takes approximately six hours after a single marijuana cigarette for a user to be considered able to drive a car or operate a complex piece of equipment properly—even though he or she may "feel normal."

Marijuana and alcohol alter a person's perceptions and reactions to the environment. It becomes very dangerous to rely on "feelings" or perceptions that have been altered by drugs or alcohol when determining your own safety or the safety of others.

Give the gift of safety to yourself and others this Holiday Season. Be clean and sober.

Prevent classes

The next PREVENT classes are scheduled for Jan. 24-28 and March 28 - 1, 1994. Anyone who wish to sign up for one of the next classes should contact HM1 Melanie Lynn Barrett-Gonzalez at (501) 633-8852.

'Tis TSP Open Season again

Open season for the Thrift Savings Plan (TSP) for civilian employees runs from Nov. 15, 1993 through Jan. 31, 1994.

Each employee should have received an Open Season Update giving information about the TSP; those who have not can get one from the Human Resource Site Office (HRO), in Building 131.

During the remainder of December and through January, Oak Knoll civilian employees will have a chance to start or change their contributions to their TSP account — increasing or decreasing deductions. They can also change the way their future payroll contributions are invested in the three TSP funds:

The G Fund (Government Securities Investment), the C Fund (Common Stock Index Investment), and the F Fund (Fixed Income Index Investment).

Election forms and Designation of Beneficiary forms can be obtained by calling Veronica Vasco at (510) 633-6373. In order to be processed, all completed election forms must be received in the HRO Site Office by close of business on Jan. 31, 1994.

Staff of a department that would like an on-site TSP briefing may arrange for one by contacting Sydney Santos at (510) 466-2521. The briefing is 30 minutes long.

By Joseph S. Patti

WASHINGTON, D.C. (NES)—One of every four employees has significant elder-care responsibilities or anticipates having such responsibilities within five years, according to a study conducted by the Office of Personnel Management (OPM). A report on the study, titled "A Study of Work and Family Needs of the Federal Workforce," was recently presented to Congress.

OPM's work and family study found that few agencies are providing information and/or referral services to their employees that would help them deal with elder-care responsibilities.

Douglas A. Brook, OPM's acting director, recently announced that OPM and the Department of Health and Human Services' Administration on Aging (AoA) have embarked on a joint initiative assisting agencies to develop elder-care programs for their employees, often at very little cost. This service, called Eldercare Locator, is administered by the National Association of Area Agencies on Aging (AAA) with funds provided by the AoA.

OPM and AoA hope to encourage agencies, especially at the local level, to work with state and local AAAs to provide such information to employees. AAAs are located in 670 communities nationwide and are funded by a combination of

federal, state and local sources. They can help employees locate services for their elderly parents/relatives, even if their parents/relatives live in another part of the country. Among the variety of questions the AAA staff can answer for employees are how to arrange to have meals delivered to their parent's homes, whether transportation can be provided to bring their parents to doctor appointments and what type of day care or nursing care is available in their parents' communities.

By calling 1-800-677-1116, employees can learn how to contact the appropriate AAA in their elderly parents'/relatives' communities. (Patti is the regional director, OPM/AoA Elder Care Initiative)

drinking, Hess said. As of July 1993, a total of 16 states had established lower blood-alcohol contents for youth to be declared legally drunk. Young drivers caught with even these smaller amounts of alcohol in their blood would lose their licenses under a zero-tolerance policy.

A coalition of public and private organizations sponsors the month. They include the National Highway Safety Administration, the U.S. Department of Health and Human Services, Mother Against Drunk Driving and International Association of Chiefs of Police. (Harris is a staff writer with the American Forces Information Service)